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ORIGINAL ESSAYS.



*Observations on "Nævi Materni," by F. G. KING, M. D.*

SINCE the earliest periods the marks or impressions which children at their birth, or soon after, present, have been the subject of attention ; yet, singular as it may appear, the present day possesses knowledge but little superior to that of the earliest date, on this strange and unknown peculiarity.

The wild and extravagant opinions of the physicians of the old school, still have strong sway over the majority of the profession ; and it is not uncommon to hear many of them regretting the disordered state of the mother's imagination during *utero-gestation*, with as much earnestness and seriousness as any old woman would bemoan such an unfortunate dispensation as a Strawberry or Cherry on her Grand child's arm.

But it is ever the case, nor is this a solitary example, that the secrets of nature, when unrevealed or unaccountable, are too often deemed the productions of chance, and speculated upon in modes the most ridiculous and unintelligible.

We do not wonder that men who believed in the fabrication of females, from the superior strength of the female

over the male semen, should account for occasional deviations of structure by reasons equally strange and peculiar; but how shall we reconcile it that men like most of the investigators of the present day, should only explain, or rather attempt to explain this deviation by attributing it to "a derangement of the functions of Epigenesis," or in other words to the disorder of a function which has a name, but of which we know nothing save its results.

That the Passions of the mother, as well as her Diseases, have influence upon her progeny, it would be absurd to deny, for who that conceives of the nutriment of the fœtus, (whether by direct communication or otherwise) will deny that its vascular system must occasionally be influenced by the condition of the mother's circulation; even on the ground of an intermediate circulation, it is not to be believed but that by long and habitual exertion of a certain passion, that intermediate circulation will become affected, for if a river in its natural banks be encreased for a length of time in its quantity or its velocity, those banks must be either overflowed or worn away: so if this intermediate structure receives from the mother either a greater quantity, or the same quantity with increased velocity, for a continuance of time, that structure must either have its capacity increased or its fluids must be hurried through it in a less digested or less perfect condition than natural. In either of which circumstances the child must be affected, in the one case by having more than is actually wanted, crowded into his vessels, begetting an undue action in them, inappropriate to its delicate organization; and in the other he obtains what is not well prepared for his sustenance, or fitly adapted to his system, which must also induce unnatural and communicate improper action. Much stronger is the argument on the ground of direct communication. But it has been wisely ordained that human passions and desires should be mutable and not of

long endurance, and hence the improbability of any blemish arising from such deviation from the natural pacidness of disposition in mothers.

But the subject has been brought to the test of experience in France, that land of curious experimentalists. On several occasions where children have been born with blemishes, the *accoucheur* has stated the fact to the mother, without mentioning the kind of blemish, and then enquired if at any time she has experienced a fright, or possessed a desire for something unobtained; and the woman has uniformly referred immediately to the one or the other as the cause of the occurrence, but has unfortunately named objects to which the wildest fancy could find no analogy in the blemish apparent on the child; whence we are led to infer that it is the imagination after birth which assigns causes for that defect which before birth it had no agency in producing. But enough of such idle speculation, the time has passed when such could be tolerated, and the observations of our day tend to place these marks under the head of faulty organization, the causes of which are as unknown and latent as those of acephalous monsters.

These marks, however the minute divisions of Nosologists, may have subdivided them, are for surgical investigation easily reducible into two classes:—Such as are harmless and such as are dangerous; such as do and such as do not require remedial applications or operations.

Of the former are moles, freckles, &c. varying in size, appearance and organization, some covered with hair, and others not; of the latter, or what have been more especially termed *Nævi Materni*, are external, or rather superficial varices or aneurisms, either of arteries or veins, or of both, and it is of this latter division that we intend to treat.

The word *Nævus* is differently derived by Etymologists, some referring it to a Hebrew root *javan* by inversion *navi*,



while others by a more direct analogy deduce it from *gnævus* from *geno*, because it appears at birth ; but under this view of its derivation, the little peculiarity we allude to can not strictly be called *nævus* as it not unfrequently occurs soon after birth, perhaps more often after, than before ; rarely however appearing after the first 18 months or two years, although there are a few exceptions to the contrary.

Yet as it is a term in general acceptation, and its import understood, it may perhaps be as well to retain it as to adopt any one of the several names at various times given to it, unless perhaps that of aneurism from anastomosis be preferred.

*Nævi* are found on all parts of the body, but appear more frequently upon the face, on the cheeks near the lips, and upon the eyelids than any other part, where from their constant exposure they are more disagreeable and unseemly than their possessors are altogether, pleased with ; hence the desire not unfrequently expressed of having them removed, even when there is no cause for alarm, and hence too the French practice of painting them, so as to resemble the natural skin, which fact is of some importance in medical jurisprudence.

They are extremely irregular in form, sometimes oval, at others circular, at times elevated above the surrounding integuments, and again perfectly flat and smooth ; and their colouring is as various and varying, even in the same one, at different times, and hence the vulgar notion that these marks, when resembling fruits, always assume a deep red colour at the season of their ripening or greatest perfection.

Their most common appearance, however, presents the colour of arteries or florid blood, inclined towards pink, tho' they will sometimes offer a livid purplish hue, which changes to a florid red on any undue excitement in the child.

Bell describes them under the title of aneurisms from anastomosis, which though it be anatomically correct is not sufficiently distinct, as varieties of aneurismal disease, at-



tack other parts of the body, and one of the peculiar characters of aneurism is most frequently wanting in this affection, viz. Pulsation, for although when pressed on, they may have the contained blood driven out to return with rapidity on the removal of pressure, yet there is rarely any thing like pulsation; neither is the morbid anatomy of the part at all like that met with in other aneurisms, for although the arteries may be unusually enlarged in calibre, there is no sac-like formation in their coats, and rarely rupture of them, nor in the progress of the disease does it follow the laws of aneurism, by depositing coagula, and gradually tending to its own cure by obliteration of its trunk; on the contrary the tendency of a *Nævus* is generally to enlarge, encreasing in every direction, and spreading like moss upon the rocks, nor is its circulation diminished in its progress, but the more rapid its growth, the more vigorous becomes the activity of its vessels, and then in its latter stage, but not till then, may it be esteemed analogous to aneurism on two accounts; as together with a slight throbbing observed at this period, there is also a tendency to rupture of its parietes from the unnatural distention of parts and the encreasing determination of blood to it.

It is perhaps from observing it in this last stage (too frequently a fatal one) that the French term it occasionally *Fungus Hæmatodes*, to which dreadful disease it is no farther analogous than that its structure is fungus like, and its discharge bloody, yet it wants all other characteristics of this formidable disease, as described by Burns, Hey, War-drop and others.

These *Nævi* or connate aneurisms are then distinct from both the one and the other, and consequently require investigation, as a subject too frequently unnoticed, tho' not unworthy of serious consideration. For however small they may be, they are ever dangerous, and require to be watched

with painful anxiety, as when once they commence their action towards extention, their progress is most rapid and fearful. Latta records an instance where a *Nævus* which continued of the size of a bean for a year, and then commenced its action, in less than a year more had extended to fourteen inches in circumference—so that these purple spots, if soft and spongy with nutrient vessels, shooting into them in all directions, are never without danger, as any undue excitement may increase the action of these vessels, which once instituted, a furious current sets to the part which cracks and bleeds, and heals, and re-opens with reiterated and increasing hemorrhages, until the parietes, unable longer to bear up against the fatal determination, in some unsuspected moment gives way, and torrents of blood gush forth, terminating alike the duration of the disease and the existence of the patient.

This affection, when appearing after birth, commences by the developement of a small vascular point, frequently not larger than a pin's head, generally a little elevated; small vessels are soon seen advancing tortuously around its edges, and tending to this punctum saliens, in the centre these vessels, at first delicate, soon enlarge and appear to increase in number, the edge of the spot extends, and the centre becomes more distinctly filled with blood, thus it goes on, until spreading to a great extent, all the adjacent vessels are called into undue and powerful action, which terminates by their rupture unless subdued by remedial applications.

It appears to be a diseased action of the superficial vessels of the integuments or such as are generally deemed serous arteries, which from some unknown cause, or from natural mal-organization, or from bruises, falls, &c. are stimulated into a rapid and diseased action, which induces a correspondent increased determination in their supplying vessels, until, by the adjacent arteries urging in more blood

from behind, these serous vessels have their calibres increased, become distended and admit red blood; the centre of disease is thus formed and all the arteries around are brought into a rapid consentaneous operation, and the branches of these serous arteries, take on the action of their trunks, until more blood is solicited to the tumor, and the sluices of circulation are all let loose upon the part. The small central arteries work actively, and become dilated, their corresponding veins share in their distention, until arteries and veins appear to shoot out, and dilate beneath the eye of the observer.

Effusion into the cellular membrane is the natural consequence of such energetic action in the capillaries ramifying over it, but their elaborating function is broken down by this unnatural dilatation and action; consequently that effusion can not be serous, but the blood being hurried on through its channels unaltered, is poured forth into this tissue, and something like a diffuse aneurism is formed, and the whole becomes a bloody morass of disease, resembling, as Bell says—"a sponge soaked in blood."

Now this action may be instituted in the vessels of the cutis, or in those beneath supplying the cellular tissue, consequently we have strong grounds for adopting Wardrop's division of cuticular and subcuticular Nævi, tho' the characters of both are so strikingly similar, and their diagnostic marks are as yet so little observed or understood, that we can not pronounce with certainty between them.

But the former may not unfrequently induce the latter; for observation and dissection, both prove that there is an alteration in the cuticular and cellular tissue, and that the capillary vessels are relaxed, dilate, become varicose and aneurismatic, and assume a fungus appearance, giving a doughy feel, and presenting a tumor of a purple hue, which, on being cut into, displays a cellular or rather a spongy structure,



interlaced by numerous canals communicating directly with those vessels, and intersected by little septa of disorganized cellular tissue—being at first flat, and easily moveable, and as the action increases, extending deeper, and involving another set of vessels, the disease becomes less moveable and the skin before even and nearly natural, now appears prominent and discoloured, giving a slight throbbing sensation to the finger, but not pulsatory as when larger arteries are involved. So that we may readily conceive if the cellular tissue is primarily affected, that by a continuance of the disease, the skin must participate from the sympathetic action of its vessels, they being gorged by the diseased action of their smaller trunks ; and vice versa, if the cutis be the seat of incipient disease, the vacular action of its next tissue (the cellular) must necessarily become deranged. Hence it may perhaps prove difficult accurately to discriminate between the two, particularly in an advanced state. The progress and termination of this disease is various, sometimes they will remain for ever in the state they first appeared without increase or danger, at others they will of themselves diminish or entirely disappear ; at one time they will prove slowly progressive until a late period, and then suddenly take on a rapid and serious energy of action, whilst at another the skin will ulcerate, and a portion of the tumor will slough, slight hemorrhage occurring ; the ulcer will then cicatrize, and though the edges of the old tumor may still appear unnaturally vascular, the disease will advance no further, as if the progress of cicatrization had effectually constricted the calibres of these active little vessels.

But far more frequently the stain at birth, or the point after birth, advances rapidly, soon distends, becomes discolored, burts, and a torrent of blood terminates the life of the patient.

Such being the progress and nature of the disease, we are

next naturally lead to enquire into the different curative means adopted for its treatment.

When this affection first excited attention, excision and the cautery were proposed for its cure, and Heister in a short chapter on Wens, Warts, Marks, &c. recommends the ligature, the knife, or cautery, for their eradication, but his terms are so general that it is difficult to ascertain which of the three had been generally applied to marks.

Blisters have been recommended, but have too often proved useless, and sometimes dangerous.

The knife was early resorted to as the only efficient mode of treatment, but the most lamentable consequences followed its use, and Bell strongly calls the attention of the profession to the mode of applying the knife in this disease, and after a most nervous description of the fatal effects of cutting them, he concludes by energetically recommending "that they should be cut *out* but not *into*," and this prudent advice has been fully corroborated by the experience of almost every Surgeon; indeed it was early determined that there were some species of this disease, which from their size, did not admit of the knife, and for these *cold* and pressure have been recommended, and undoubtedly they may both be productive of much benefit; but that the application of cold alone without pressure, should affect a cure, is rather problematical, but when the *nævus* is very small, and so situated, that firm pressure may be made over it, and be well resisted by bone beneath, then it may be applied with great probability of success, otherwise its utility is questionable. Seeing the influence which nature seems sometimes to exert, it has been proposed to imitate her operations, and to a certain extent it has been tried, but perhaps with more danger than benefit, and I have heard those who had recommended vaccination upon the *Nævus*, say, that they had tried it, but

would not again attempt an expedient which promised little benefit, but much hemorrhage.

In fact I believe the only advantage proposed from such a plan of treatment, resolves itself into the effect of cicatrization, after the inflammation induced had subsided, which, as before stated, would so constringe the vessels as to check the growth of the Nævus.

Seeing that the methods in common use proved little beneficial, Mr. White resorted to the old plan of ligature (which had been occasionally employed when the tumor was sufficiently prominent to admit of such an application to its base) his practice was to pass a needle, armed with a double ligature, through the centre of the disease, and then to tie it from the centre on each side so as completely to deprive it of its circulation, and his plan proved in its execution a successful one.

It is not improbable that this practice, together with observations on the diminished growth of tumours or aneurisms, when the main arterial trunk supplying them, was included in a ligature, led to the idea enjoined and illustrated by successful cases of Wardrop, Travers, &c. of tying the main trunk for Nævus, thus Wardrop tied the carotid for one on the eye lid, and success crowned the effort. A ligature so applied, arrests all tendency to hemorrhage, diminishes, or cuts off the circulation of the part, the blood in cells is coagulated, absorbed, and the cells become obliterated, and the absorbents then carrying on their functions, the disease diminishes and finally disappears.

Not satisfied with one mode of cure, others having observed the process which nature sometimes institutes for their cure by slough and cicatrization, have been led to imitate her method, and fulfil her indications accordingly; Plenck recommends a paste of quick lime and soap, as a local escharotic application, treating the sore after the slough as an



ordinary ulcer. Others have employed a strong solution of cor. sub. pencilled occasionally over the part, until the skin ulcerates, which process once commenced, it goes on rapidly involving all the diseased structure, and unless caution be exercised, stretching into the sound parts; much discretion should be exercised in the application of this as of all other cauteries, for if it ulcerates too rapidly, and the slough is hastily cast off, or incautious means are adopted to facilitate its removal, dangerous hemorrhage may follow, and it frequently occurs at the first cracking or disposition in the slough to come away, that a slight oozing of blood will occur, in such cases, it is recommended by Larry and others, that the sore be washed with Bals. Peru, which from recent observations appears to possess sovereign properties as a styptic; or slightly touching the oozing point with nitr. argent. will answer on an emergency.

In all such cases, however, a deformity greater or less, according to the attention paid to remedy will be left from the cicatrix of the ulcer, this, however, by means in every day's application, and familiar to every surgeon, may be very much lessened, and should it not, there is at least this consolation for the patient, that this slight defect in personal beauty is not to be compared to the double disadvantage of an unseemly mark, and a dangerous disease, with which he at all events must have been encumbered, and there are few who would prefer the vain idolatry of sickly beauty to the self-content which exemption from the disease and assurance of life, by means so trivial, yet so effectual as the ligature or potential cautery can give, altho' a scar may track its path. "For who would loose for dread of scar this intellectual being."

## REVIEW.

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*Essays on various subjects connected with Midwifery, by Wm. P. DEWEES, M. D. &c. &c. 8vo. pp. 480, Carey & Lea, Philadelphia, 1823.*

We owe an apology to our readers for not having noticed this work at an earlier period, though if we were permitted to judge only for ourselves, we might still entertain doubts of its propriety, seeing that however valuable it might be as a collection of essays, it is presumed to be only the arrant courier of another and much more systematic work, which must of necessity embrace all the essential points of doctrine contained in these pages. Dr. Dewees has long been known to the medical world as a gentleman of the first attainment in that branch of science which it is peculiarly his duty to teach, and there can be no doubt that obstetric practice is more indebted to him for its improvement than to any one person on this side the Atlantic; he has devoted himself, we will not say exclusively, but especially to its cultivation for nearly thirty-five years; and possessing, as he does, the talent of observation, combined with the industry of the patient enquirer, and that discreet hesitation which will not permit him to generalize on narrow data; whatever he may write cannot fail to interest his readers. Though his strongest claims to our confidence, are as a practical writer, yet from his thorough acquaintance with all preceding authors on Midwifery, his speculations are entitled to more consideration, even in the absence of all fact, than we usually award to theories based on mere hypothesis. The book of which we purpose to give some short account, consists of twenty-two essays, all of which have been heretofore published in the

periodical journals of the day, and in that form, were not justly subject to criticism or analysis, without prejudice to the journals in which they appeared, or what perhaps is still worse, the risk of embarking on the wild field of controversy, which any man may enter in defence or opposition to any subject which presents two sides.—Their publication in the present connected shape, after a revisal by the author, is the best evidence he can give of his purity of intention in publishing what in the confidence of truth he has formerly written; and the extensive circulation of the book manifests the interest it is calculated to create.

Our readers are not to expect a very detailed analysis, for the reason first above stated, and as the essays are not all equal in interest, we shall select such of them as appears to have the closest relation to those points in which all practitioners of the art are more immediately concerned.

Essay 1. *On Superfætation.* This is a short, and we think a successful attempt, not only to shew the possibility of the fact, but to arrive at a plausible method of accounting for it. The fact itself, however difficult to explain upon the assumption of the ordinary theory of generation, has certainly in numerous instances been placed beyond the reach of successful controversy, it therefore derives a peculiar interest from the consideration, that it cannot consist with any other theory than that which is based upon the direct or intermediate absorption of the seminal fluid. Dr. D. has taken advantage of it, therefore in maintaining his favourite position, to wit, that impregnation is caused by the absorption of the semen masculinum from the internal surface of the vagina, and its conveyance by particular vessels to the ovaria. Though the phenomenon is easily explicable on these principles, yet we confess we are presented with a difficulty scarcely less perplexing in the prosecution of the reasoning, viz. to restrict the operation of the process of seminal absorption in such



manner that it may not prove too much, for at first view it would seem, if the doctrine be true, that superfœtation ought to be a common occurrence, whereas this is so far from being the case, that its infrequency has furnished the most credulous with doubts, and the doubtful with reason for the flat denial of the fact. The following is the reasoning of our author upon this, and another subject intimately connected with it, to wit, purulent absorption.

“We suppose them situated just within the vagina ; some may be even external to it, and just within the labia ; most probably they are in some instances pretty abundant here, as we see conception taking place when the semen could only have been applied to these parts. After the semen has been thrown from the penis into the vagina, it is confined there a longer or shorter time by means of the rugæ ; these rugæ answer a double purpose, first, they serve to retain the semen that it may liquefy and more easily spread over the surface of the vagina ; and, secondly, by their means a much larger surface is offered to be absorbed from. It is more than probable that these are the real uses of the rugæ.\* They may perhaps contribute in a degree to increase venereal pleasure, but this is certainly not their only use as some have imagined ; for the doe, according to Harvey, has them in abundance ; and he affirms, she always takes the male with reluctance and seeming pain. Moreover, we see immodest women enjoying the venereal congress, when their vaginæ, from their long continuance of their debilitating habits, have the rugæ destroyed.

“It may be asked, if there be this particular set of vessels within the vagina for the express purpose of taking up the semen, why do they not also absorb the matter of gonorrhœa or lues, and this produce the destruction of the ovaria by conveying it to them ? To this we might answer, that, such may be their economy or dispositions, that they are only roused to absorption by their own particular stimulons, namely, the male semen.

“This arrangement is not unique ; we have many instances of this kind in the animal system ; thus, light admitted to the tongue produces no sensation ; yet let fall upon the eye, powerfully effects it ; the vibration of a musical chord, or the tones of a flute, induce no change on the eye ; but the ear is instantly influenced by them. But perhaps a more striking and just example may be taken from

\* Speculations on Impregnation.

the economy of the lacteals of the intestines ; they refuse admission to the excrementitious parts of our food, or in other words, are only excited to action by their own proper stimulus, namely, the chyle. It may perhaps be objected here, that various other substances are taken up by them besides chyle, such as the colouring matter of madder, mercury, &c. But we must recollect, that mercury never has been detected in the circulatory system ; and Dr. Physick's experiments\* go very far to prove it never is taken up. As to some other substances, we grant they may be, but must believe, that they either are not in sufficient quantity or quality to make the chyle lose its peculiar stimulus. \* Nay, perhaps the arteries and veins may be justly considered in point ; as we think it more than probable, that no other fluid than blood would influence them to carry on the circulation.† And we have arrived almost to a certainty, that no fluid, save the male semen, will influence the ovaria so as to produce the phenomenon of a conception. It is true, there are instances upon record, of hair and teeth being found in the ovaria of virgins, which might seem to contradict this belief ; Dr. Baillie‡ and others furnish us with examples of this kind ; but in these cases we agree with the Doctor, that they are not the produce of conception ; since, agreeably, to Ruysch,|| they have also been found in a man's stomach ; if they are thus accidentally produced, they may with as little surprise be formed in the ovaria as elsewhere : we therefore cannot admit them as exceptions to this last position.

“ Since then we know, that certain parts of the body obey only certain or specific stimuli, why may there not be a set of vessels that are obedient only to the stimulus of the male semen ? For our own part we see no difficulty in admitting the idea.

“ Is not this opinion strengthened, by observing some women who have been barren with their first husbands, prolific with their second, and vice versa ? The semen, in these unsuccessful instances, wanted that sufficient or peculiar energy to call the seminal absorbents into action.

“ Besides the very sudden effect which is sometimes produced by the male semen upon the female constitution, such as violent sickness, retchings, vomitings, nervous affections, as they are termed, &c. will scarcely admit of explanation, on the supposition that

\* In a paper read before the Academy of Medicine.

† This has been lately abundantly proved by Dr. Blundell in his experiments on transfusion—indeed, he found that not only blood was required for this purpose, but that it must be the blood of the same species of animal.

‡ Morbid Anatomy, page 265.

|| Ruysch, Tom. II. Aversar. Anatom. Decad. tert.

it must go to the tedious route of circulation before it arrives at the ovaria to produce its effects. And it will perhaps be difficult to conceive then, how it can be successfully applied to the ovum or ova, as it must still be contained in blood-vessels, whose sides are impervious in the living animal ; whereas the seminal absorbents most probably terminate on the ova, and thus, as soon as fit, will be subjected to the influence of the male semen whenever absorbed.

“ However, be this as it may, the male semen seems absolutely necessary to the production of the animal, and is in some way effectually applied to the ovum or ova, and thus produces the phenomena of impregnation.

“ Should there be but one ovum fit for the male influence, we shall have but one foetus, if two, we shall have twins, and so on. But for the most part there is only one ; nature kindly providing against the neglect that must necessarily arise from several being produced at a birth.

“ It would appear in general also, that a regular period elapses between the perfecting of each ovum ; and hence we see women bearing children at stated intervals : for instance, every thirteen or eighteen months ; every two, three, four, five, six, or seven years. Two, three, or four, ova may chance to ripen (if we may so term it) at the same time ; or in other words, may be in a condition to receive successfully the male influence ; then we shall have, as we observed before, a corresponding number of children.

“ This law of perfecting the ova, however, is not immutable ; here may sometimes happen a considerable variation in the term, but when in a condition, may receive the stimulus of the male semen, and this may happen during the residence of a foetus in utero ; hence superfœtation. But the time which elapses, for the most part is pretty uniform ; and it would appear necessary also, that the first ovum or ova should be displaced before others can be perfected. This is a wise regulation of nature ; otherwise, women who have lived long single, or been a long time deprived of commerce with man, would be subject to serious inconvenience ; they would be liable to a litter of children. This rule obtains in other animals besides man.\*

“ Let us suppose now, a foetus to be occupying the uterus ; the woman to have a subsequent connection with her husband ; the semen to be absorbed and to meet with another ovum capable of being influenced by it ; what will be the consequence ? The ovum will be impregnated, and the ordinary changes will take place in

\* See Harvey. Spallanzani, &c.



the ovarium; the ovum will escape into the fallopian tube, and through it pass to the uterus; here it will meet with a feeble resistance from the membranes which already line the uterus, and consequently cover the openings of the tube; this resistance will however be soon overcome; either by the ordinary efforts of the tube, or by the ovum resting unusually long, and beginning to develop, obliging the mouth of the tube to open, while it contracts with unusual violence behind, from the stimulus of distention, and thus forces it forward and displaces the slightly adhering membranes, and by this means will effect a lodgment in the uterus by the side of the other, where it will be as completely developed for the period of its stay, as though it had been placed there at the same instant with the other. It will have its own membranes, water, and placenta; having nothing in common with the other but its nidus."

Essay 2. *An Examination of the physical necessity of pain and difficulty in human parturition.* This paper arraigns the opinion advanced by Dr. Osborn, in his introduction to his essay on laborious parturition, and is an attempt to prove that there is no such thing as a physical necessity for any of the pains of child-bearing; or in other words, that these pains are not necessary, except so far as they have been induced by states of civilization and refinement; the reader whose practice has rendered him familiar with female suffering, cannot but marvel that this should ever have been made a question. As the subject as here treated is of no practical importance, we shall pass on to the next essay, barely remarking that Dr. D. has not been as successful in his criticisms on Dr. Osborn's opinions, as he usually is when he undertakes to discuss questions of fact; whether the difficulty has arisen from the nature of the subject itself, or the careless manner in which he has thought proper to review it, we leave the reader to judge: for ourselves we are free to confess that we should be of Dr. O's opinion, from Dr. D's own reasoning. We do not think the question of sufficient practical interest to require us to enter into any detailed reasoning

on the subject, or we would shew the correctness of Dr. O's opinion, from reason, scripture, and fact, in such manner as could not fail we think to convince even Dr. Dewees himself, who by the manner in which he has canvassed the subject, has exposed himself to much severe criticism.

Essay 3. *Observations on Denman's aphorisms for the use of the forceps.* Our respect for the character of Dr. Denman, and our veneration for the reputation of the most distinguished accoucheur, who has been at pains to arrange and systematize this most essential branch of science for the benefit of the junior members of the profession, is of such an exalted kind, that we read this paper with some little prejudiced feeling against the writer; and we are not sure after the most mature deliberation, that there was not some cause for it, to be found in the manner in which he has treated his subject. The aphorisms of Dr Denman, from their very nature precluded the possibility, in the present state of the science, of detailing with perfect exactitude every possible case in which a forceps might be necessary, as well as the varied peculiarity of circumstances which might call for their application; his rules were intended to be general, and he was no doubt as well aware as his critic could possibly be, that combinations of symptoms would occur, which would render the cases of exception to the rules, frequent in precise proportion to the difficulty of enumerating all the circumstances under which they might happen. Under this view of the subject, we incline to think that Dr. Dewees has been rather hypercritical in his remarks, though for the most part they are very just in fact. The cases of exception which our author has noticed under the 9th aphorism, are certainly of very serious import, and if he had been content with a commentary on it, to the exclusion of some severe and we had almost said illiberal remarks on the 10th, we think he would have served the cause of truth just as well, while he would have

avoided the imputation of unnecessary captiousness ; in order that the reader may judge both of the matter and spirit in which the observations are written, we will transcribe his remarks on the 5th, 6th, and 10th aphorisms.

“Aph. 5. “It is meant when the forceps are used, to supply with them the insufficiency, or want of labour pains ; but so long as the pains continue, we have reason to hope they will produce their effect, and shall be justified in waiting.”

“This aphorism, like the one just noticed, would lead the young practitioner into great error ; an error, on which the life of both mother and child is staked. By it, we are authorized to wait as long as pains continue, before we use the forceps ; than which, nothing can be more dangerous ; by doing this, we lose time truly precious to the individuals concerned. How many cases are there, where the forceps might not only be used with safety and advantage, but where they are truly indispensable, yet, where pains continue, nay, even continue with violence, but unavailingly, either from the bad situation of the head ; from absolute or relative narrowness of the pelvis ; or uncommon rigidity of the soft parts : under “circumstances” like these, we are, through false principles, to subject the woman to all the consequences of the long and violent pressure of the child’s head on the soft parts within the pelvis, and thereby hazard inflammation, suppuration or gangrene ; while we expose the child to all the evils arising from its head being long and violently compressed, by the reiterated contractions of the uterus. Yet here we are forbidden the aid of the only means, by which the labour can be terminated with safety to mother and child, or at least, we are told it will be justifiable to wait, ~~maugre~~ the accidents that may ensue. Besides, the Doctor has in one member of this aphorism declared, the “forceps are to supply the insufficiency of pains ;” if this mean any thing, it must be understood, that, where pains are unavailing, though they still continue, we are to have recourse to other means, than the common or natural agents of delivery ; for I presume, the sufficiency of pains ought to be determined by their effect, rather than by their apparent force. Yet immediately after, we are told “so long as the pains continue, we have reason to hope they will produce their effect, and shall be justified in waiting.” The inexperienced practitioner would be in doubt what plan to pursue ; the timid one, would be lulled into a security fatal to his charge.

“What would be the consequence of this indecisive conduct, in cases of convulsions on the accession of the pains ? Death most



probably to both mother and child; for we have no hope in many cases, but in the speedy termination of the labour, and the forceps are frequently the only means, by which this end can rationally be obtained. What would be the result, did we exclusively rely on the hope, that the pains would eventually "produce their effect" when the head was badly situated at the inferior strait, and where of course, the proper relation between the head and pelvis does not obtain? Ought we to abandon the unfortunate mother to the unavailing efforts of nature, and become the idle spectators of her fruitless endeavours, because she is still able to continue them; or ought we promptly to step in to her aid, employ the forceps, rescue the devoted child, and save perhaps a valuable mother? Instances might be multiplied, in which it would be equally improper to trust to "time and patience" \* as remedies for difficult labours; but these for the present will suffice.

"Aph. 9. "A rule for the time of applying the forceps has been formed from this circumstance; that, after the cessation of the pains, the head of the child should have rested six hours in such a situation as to allow the use of the forceps."

"To wait six hours in many instances, as proposed by this aphorism would be waiting a time, at the expiration of which our efforts would no longer be useful or availing. In convulsions, hemorrhagies, and faintings, the most prompt aid is frequently required; to wait in cases like these six hours, is sometimes to seal the doom of our patient. It may, perhaps, be said, it is to be understood, we are to wait six hours, only when no threatening symptom attends; this perhaps may be the Doctor's meaning, but it must be confessed it is not expressed. But if we even admit this, which, by the bye, I consider entirely gratuitous, we still have to complain of great want of precision in this aphorism; it is regulating the accoucheur's conduct by time instead of circumstances, which, I think, no small fault: besides, "threatening symptoms" may be considered as a very indefinite direction; for what one might consider as such, another would not; the nature of those circumstances ought to have been clearly pointed out, where the Doctor would have us act, and where we might safely, agreeably to his opinion, be idle. But this he has not done, and he leaves our conduct to be regulated by a definite number of hours. It does not appear in any instance with Dr. Denman, either in his introduction to midwifery, or in the work before us, that he considers the long pressure of the child's head on the soft parts of the pelvis, as entering into, or making even a part of, an indication for the use of

\*Page 11. Art. 1..



forceps. Whence this happens, we cannot pretend to determine ; but certain it is, many others whose reputation is equally high, and on whose judgment at least an equal value should be set, have viewed this matter in a very different light. It has with some been considered as an indication exclusive sufficient, for having recourse to adventitious aid ; fearing, much more, the ill consequences of delay, than any mischief that might ensue, from what Dr. Denman might think a premature application of the forceps.

“ It is true, the Doctor endeavours to obviate the objections which he foresaw must be made to this rule, by framing Aphorism 10. “ But this, and every other rule, intended to prevent the rash and unnecessary use of the forceps, must be subject to the judgment of the person, who may have the management of any individual case.” But to whom is this aphorism directed ? Is it not giving a discretionary power to those who are supposed not to have sufficient knowledge to direct it ? for this work, agreeably to his own declaration, was designed “ for students,”—and they, unfortunately, may be called to cases, before they possess that judgment he inclines to rely upon. They, in vain would seek information from this work ; they must turn from it with indecision and embarrassment. In a work so professedly didactic, the plainest and most undeviating rules ought to have been laid down ; to rely on the judgment of the practitioner is not teaching, it is supposing the possession of a knowledge this work ought to have been capable of giving ; instead of obtaining information, are supposed already not to stand in need of it ; instead of being enlightened we are bewildered ; on the one hand, we are cautioned against the use of the forceps, vaguely and injudiciously ; on the other, we are warned against the too long delay of them, without being clearly instructed where it may be proper to employ them.”\*

Three cases tending to shew the *efficacy of Blood-letting in rigidity of the os externum* follow next in order ; they are drawn up concisely, but perspicuously, and teach an important practical lesson.

The next case is curious though by no means fortunate.—It is one in which the maternal circulation in the funis was continued for six hours and a half after the delivery of the

\* Aph. ii. p. 15. “ Care is also to be taken that we do not, through an aversion to the use of instruments, too long delay that assistance we have the power of affording with them.”

child, which made several effectual but imperfect attempts to breathe during this time, but died at the end of that period, which is presumed to have been the instant in which the placenta became detached. Cases similar in kind, but differing much as to the time of continuance of the maternal circulation, are of frequent occurrence in the practice of midwifery ; every practitioner extensively engaged in business must have met with them ; and though they may for a little time give occasion to considerable anxiety, particularly when first observed, they rarely terminate so unfavourably as in the present instance. Dr. D. has embraced the opportunity which it afforded, to make some judicious remarks on the philosophy of hemorrhage, but has neglected to suggest (perhaps through inadvertence,) any practical inference from its unfortunate result. To us it appears calculated to teach an important lesson : let us stop a moment to examine it—" the labour was quick and natural ; the child, though not very large, was apparently healthy and well formed ; the pulsation in the umbilical arteries brisk ; in a word, every thing was ordinary except the want of respiration ; to establish this I inflated the child's lungs after waiting three or four minutes, which in part succeeded as to its object ; the child after this began to inspire slowly, the expiration was protracted and attended by a peculiar croaking kind of noise—respiration was for some time carried on in a slow and irregular manner—the child sometimes breathing pretty freely for a minute or two, and then appearing to be much oppressed and in pain—respiration would now be entirely suspended from ten to thirty seconds ; the child during this time would writhe its little body as if much pained, its face would become livid and the pulsation in the funis would be much augmented ; after this kind of struggling would subside, it would appear pale and lifeless as though it had fainted. In this manner did things go on until half past two o'clock in the afternoon, a period of six hours and a half." When first born the

child had remained motionless for three or four minutes.— As there is a physical necessity that one circulation shall cease before the other is completely established it is not at all surprising that the attempts to respire should be imperfect, so long as that which was dependant on the mother continued in full force and vigor ; the mere inflation of the lungs could never stimulate them into action, while the current of blood from the right side of the heart, found its way to the left by a channel as direct and pervious as it was in foetal life, and it would seem that nature in order to guard against the derangement which would necessarily attend the function of respiratory circulation while that by the funis continued, has provided that one shall cease so soon as the other becomes essential. To answer this end the current by the chord is impeded by the pressure of the soft parts of the mother, immediately upon the expulsion of the child ; and that this current should be checked in order that the lungs shall have full play, derives every confirmation from the fact, that children who come down rapidly when tied back by the convolutions of the funis to such extent as to detach the placenta at the moment of birth, are much more rarely subject to have their respiration suspended than those in whom this circumstance does not obtain, the pressure upon the chord leaving the lungs free to exercise their functions so soon as they have become inflated. We have frequently had occasion to witness the unfortunate results of cases in new-born children, where the respiratory circulation had not been suddenly and completely established at the birth, and we have thought that we could always trace their connexion to a circumstance very similar to the one here stated ; and indeed it appears essential to the future well-being of the infant, that the changes of the two circulations should be simultaneous, as otherwise they could not be complete ; any thing, therefore, calculated to impede or delay this



change, must produce a correspondent anomaly in the respiratory functions. The infant in the case under consideration, if it could have survived the oppression of these two conflicting functions to which it was subjected for six hours and a half would probably only have suffered a precarious existence for a few days or weeks, seeing that every pulsation of its heart, and every act of respiration would add to the hopelessness of its final recovery.

The lesson which the above case is eminently calculated to teach, is, *the necessity of cutting off the maternal circulation, precisely at the period when respiration commences*; to do it before, would be unnecessarily to put at hazard the infant's life, and to defer it too long in cases where respiration is imperfect, is not only to risk all the consequences of an imperfect circulation ever afterwards, but to neglect, one of the only two essential means necessary to the healthy condition of both those indispensable vital functions.

A paper, entitled an *attempt to explain why more children live that are born at the seventh, than at the eighth month of pregnancy*, follows next in order: it is ingenious, but rather too hypothetical to claim entire confidence, the reader however will not be disappointed in its perusal.

The next is a case of *ruptured uterus, with remarks*, in which the author takes occasion to speak of the different methods of procedure recommended by authority, under these most appalling accidents, and gives his own opinion in a very decided manner, which, though very short, is a very just critique on the adoption of any general rule on the subject. The following extract will serve to give a comprehensive view of his ideas respecting them.

“No point of obstetrical practice is more unsettled than this; but why it is so, is difficult to say, since it may become obedient to rule, without the smallest difficulty, or involving in it the slightest doubt or contradiction.



“ We have three principal directions on this subject : by the first we are told it is improper to do any thing, since it is conceived no effort can be availing ; the patient is here allowed to expire without an endeavour to save her ; of this class were the respectable Dr. W. Hunter, Dr. Denman, and some others of less celebrity. Dr. Douglass, in a treatise on this subject, has combatted this mischievous supineness so successfully, that it would be idle to say any thing more on this subject.

“ By the second, we are recommended to deliver as expeditiously as possible through the pelvis ; this practice is sanctioned by more numerous, and not less respectable names than the first, among whom we may mention La Motte, Levret. &c. This plan has a decided preference over the other, since it offers assistance, and some women have escaped from death by it.

“ By the third, we are taught to believe the woman has no resource but in the cæsarean section : this plan, agreeably to Baude-locque, was originally suggested by the ingenious but timid Levret, but in terms so indirect, as clearly shows both his knowledge of the subject, and the prejudices it would have to encounter.

“ Having thus briefly stated the various opinions of authors on this subject, I shall take the liberty to say, that either is wrong if implicitly followed ; and to be right upon this subject requires the adoption of all three, as circumstances may require. It must however be remarked, that the first can never be followed without incurring the imputation of blameable timidity, except where the patient is absolutely in articulo mortis ; here we may withhold aid, as nothing can benefit the expiring sufferer.

“ The second plan cannot be implicitly followed ; for instances have occurred where the rupture was through the substance of the uterus ; and as soon as the child has escaped either entirely or partially into the abdomen, the aperture is so much diminished by the contraction of the uterus as to render it impossible to deliver it through the accidental and natural passage. But when the rupture happens, about the junction of the uterus with the vagina, which is by far the most frequent, and at the same time is not subject to the diminution of size just spoken of ; the second mode is exclusively indicated, unless such deformity of pelvis is connected with it as would render the passage of the child through it impossible.

“ The third plan, I conceive, is only admissible. first, where the rupture has happened to the body of the uterus, and delivery through the vicarious passage rendered impossible by its contraction. Secondly, where there is complication with this accident,

such deformity of the pelvis, as at once to forbid any attempt at delivery through it.\*”

The next paper, which is the eighth in order, as well as the twelfth, entitled—*Remarks on Dr. P. Harrisson's observations on impregnation*, and, *remarks to his reply*, do not possess sufficient interest to make them the subjects of analysis: it is not a feather's consequence in a practical point of view, whether Dr. Harrisson, or Dr. Dewees, be right: we only regret that D. D. should ever have thought it of sufficient importance to be made the subject of two serious disquisitions. The truth itself is (and it is almost the only truth in the whole circle of physics, of which it may be said) of no assignable value when ascertained, certainly not worth the pains it may cost, and both Dr. D. and Dr. H. may be assured that there is no one subject which will so ill requite their labours, if successful; setting aside the hopelessness of ever arriving at a satisfactory conclusion: we hope that the controversy, if it be ever resumed, will be conducted in a language not generally understood, for reasons, which after this hint may be obvious to both.

The ninth paper is entitled—*Observations on parts of Burns' history of the gravid uterus*. It is a critical examination of some points which Burns has assumed as truths, to which Dr. D. does not incline to assent—we cannot conveniently dissect it, we therefore shall merely recommend it to the perusal of the attentive reader.

The next paper, a case of *the alteration of the colour of the hair during parturition*, we will transcribe at length, for the same reason that Dr. D. thought proper to publish it: it is peculiar.

“The following case is communicated more from the peculiar

\* See Essay upon the Rupture of the Uterus.

circumstances which attend it, than from its possessing any particular practical importance.

"On the 21st February, 1804, I was requested to visit the wife of Reuben Elliot, whose labour was attended with convulsions. I found her under the care of a midwife, who gave the following account of her:—"She had been called to her the evening before, but found very little appearance of labour except pain; the os tinæ was not dilated; there was no secretion of mucus; the pains were irregular in recurrence and force. At five in the morning, (eight hours after her first seeing her) she was seized with convulsions; soon after there was a discharge of the waters; pains continued as before; about an hour after the first fit she was again seized, and the convulsions were, after this, repeated with considerable frequency and great violence." At nine o'clock P. M. I was sent for, that is, four hours after the commencement of the fits. I found the uterus but very little dilated, so little so, as not to be able to determine the precise situation of the head.

"During my stay, the convulsions were very frequent and severe; I conceived that nothing but extensive and repeated bleedings would relieve her; her pulse was full, tense, and strong, in the intervals of the fits; but was extremely frequent and almost imperceptible, when they were about to cease; the skin was hot and dry, except at the close of a convulsion, at which time it became cold and clammy; thirst great; when interrogated, appeared much confused; complained at times when roused of great pain in the head; the breathing laborious, and sometimes, especially immediately after the fit, stertorous; the face very much swelled, and perfectly livid during the paroxysms; as the lividity wore off, the pulse became more expanded, less frequent, and hard, and this took place in proportion to the restoration of respiration.

"Many times my patient was threatened with complete suffocation, either from spasm, a great quantity of bloody mucus that seemed to fill the trachea, or both.

"As nothing could immediately be done as I conceived, but bleeding her extensively, I sent Mr. Turpin and Mr. Stark, two gentlemen who were then attending lectures in the city, to stay with her, and bleed as much, and as often as should be necessary, either to suspend the fits, or to dilate the os tinæ sufficiently to allow of artificial delivery. This required a considerable quantity of blood; about fifty ounces were taken at four bleedings from ten o'clock in the morning, until five in the afternoon. On my calling at this time, I found the uterus sufficiently dilated to admit of delivery, and proposed employing the forceps, in preference to turning, as the waters had been long drained off, although the head had not yet passed the superior strait.



"The pains and convulsions were now less violent, and less frequent; and the woman perfectly sensible in the intervals. I sent her husband for my forceps, while I visited a patient at some distance. On my return I found the patient in the greatest affright, as the midwife had incautiously alarmed her about the use of the instruments, and she was soon after seized with a very violent fit, which I have no doubt was hastened, and protracted by my presence.

"On my going to the bedside I observed a whiteness on the fore part of her head which I had not observed before, and called for the candle to view it more particularly, by which, I discovered that the hair anterior to the coronal suture was changed completely white, excepting where it was here and there interspersed with locks less completely blanched of its natural hue. I called the attention of the two gentlemen above mentioned, as well as that of the women present to it, and they all agreed it must have changed in a very short time, and since my last visit.\* I immediately proceeded to deliver her with the forceps, which I effected in a short time. She had but two fits after her delivery.

"On my visiting her the next day, I found the hair much less white than the preceding evening, and in about four or five days it became nearly natural. I was informed a few days since by the midwife who attended her at that time, and has since delivered her, that the hair that had undergone the change, remains lighter than the rest of her hair.

"To what circumstance shall we attribute this change of the hair? Did it arise from fright or anxiety? or did the convulsions themselves exert a particular influence on this portion of the scalp?

"I am inclined to believe it must have arisen from some peculiar operation of the mind, as we have upon record similar instances, wherein it pretty evidently appears that terror has operated this effect; I shall therefore take the liberty of relating two. Schenkius† relates the story of Don Diego Osorius, a noble Spaniard, being in love with a young lady of the court, had prevailed on her to a private assignation in the garden of the king; they had been there but a short time before they were betrayed by the barking of a dog; Diego was seized by the guards and thrown into prison: as it was a capital offence, he was condemned to die—he was so terrified at hearing his sentence, that in the course of the night he became grey as if far stricken in years, which so moved the king's compassion as to pardon him.

Boyle‡ tells us of a captain in the Irish army, who was about to

\* I was absent about an hour, or perhaps not more than three quarters.

† As quoted by Turner, lib. 1. p. 2.

‡ Exper. Philos. Vol. 1. p. 90.



deliver himself up to Lord Broghil the commander of the English forces, agreeably to a proclaimed pardon to those who would return to their allegiance, being intercepted by the party of the English ; the governor being absent, the poor fellow became so alarmed least he might be put to death before his return, that his hair became white in parts, while others retained their original red colour. These cases would seem to point out a particular influence the mind has upon the hairy scalp, but how this influence is exerted we cannot pretend to say.

“ There is one circumstance in this case, and indeed in all others of the kind as far as I have observed, that is worthy of notice— which is, the almost imperceptible pulse near or at the cessation of the convulsions, and its gradual augmentation of volume, and diminution of frequency in proportion as respiration becomes better established. Does this not militate much against Dr. Beddoes’ idea of the pulse becoming frequent in proportion to the oxygenation of the blood ?”

The use of the *volatile tincture of guaiacum in painful and obstructed menstruation*.—This paper is purely practical, and as such recommends itself to the notice of every medical practitioner. Dr. D. says, that he was led to the employment of the remedy from a belief that the condition of the uterus in cases of dysmenorrhœa was rheumatic : he believed very rationally that this viscus was muscular, and as it was under certain circumstances frequently subjected to considerable variations of temperature, which would materially effect its secretions (doubtful) it was liable to the same conditions as other muscular parts when improperly subjected to the same causes ; that is, liable to become rheumatic ; the reasoning, it must be confessed, is short, whether satisfactory or not is another question : such as it is, however, it led him to employ the volatile tincture of gum guaiacum as a remedy, and the success which has attended its exhibition, is such as to claim our confidence, and to recommend its use, as he unequivocally states that he has never met with any case in which its employment was not eligible. The following are the directions for its use.

"I begin the use of the tincture in the following manner: a tea-spoonful three times a-day, in a glass of Madeira, Sherry, or Lisbon wine, cider or milk; I generally direct it to be taken before each meal, and continue it in this way, unless it happen to offend the stomach when taken before breakfast; in this case, I order it an hour after. I commence its use at any period of the interval of menstruation, but discontinue it during the discharge: but so soon as this is over the tincture is again given. It sometimes requires a perseverance of three months to effect a cure, and during this time, the quantity is to be gradually augmented to three tea-spoonfuls at a dose. Should it prove purgative, a little laudanum must be added to restrain its effects on the bowels; should it not be sufficiently aperient, a little resin of jalap or powdered rhubarb may be used with it; or have recourse to the occasional use of the oleum ricini.

"There are some women labouring under this complaint, who, during the menstrual period, will require blood-letting; it must therefore be remembered, that the pulse be kept sufficiently down during the exhibition of the tincture. To those who are plethoric, an abstemious diet is necessary, and the occasional use of the warm bath has been found serviceable.

"Flannel next the skin, and a strict attention to keeping the legs and feet warm, are particularly recommended.

"During the flow, camphor given in the following manner, rarely fails to give immediate relief:

R. Gum. camph. ʒ j.

— arab. 3 j.

Sacch. alb. q. s.

Aqua cinam. simp. 3 j. m.

one half to be given as soon as pain comes on, and if not relieved in two hours, the other half is to be given; which for the most part is sufficient. I have in some instances been obliged to give laudanum after the camphor, but not often. Should vomiting attend, camphor and laudanum should be given by enemata, as follows:

R. Gum. camph. 3 ss.

Sp. vin. rect. q. s. f. pulv. add

Tinct. thebiai. 3 j.

"This to be mixed with a gill of thin starch, and given as a clyster; this may be repeated pro re nata.

"I will not pretend to account for the operation of the camphor in this disease, but its effects are very remarkable, in not only relieving pain, but diminishing, and in some cases entirely preventing the discharge of the membrane. I was taught the use of this remedy by an old woman who had laboured under this complaint, and

who in a fit of desperation, in one of its paroxysms, drank a wine-glass-full of camphorated spirit, which to her great surprise and joy instantly relieved her ; since it has been recommended in the above and more elegant form, by a gentleman in the Medical and Physical journal.

“In two cases where I failed with the tincture, hemlock was useful ; and in one other, the tincture of cantharides gave effectual relief.

“I shall only notice in my account of the use of the tincture of guaiacum in obstructed menses, those cases which I think may strictly be considered as chronic, and idiopathic. It has been usual, more especially of late, to regard obstructions of this kind, as merely symptomatic ; an error, I conceive, of some magnitude. When we reflect on the important and independent functions the uterus performs, we shall not hesitate in allowing it,\* diseases peculiar to itself, among which we must regard the amenorrhæa. In this kind only would I recommend the guaiacum as a remedy. In diseases of the system at large, or of any particular viscus, with which the uterus may powerfully sympathise, this medicine is not to be depended on, or at least not until the original disease be removed ; thus we find in phthisis pulmonalis, schirrous liver, &c. that the uterus ceases many times to secrete the menstrual blood ; in these instances it would be more than in vain to employ the tincture of guaiacum. But where the interruption to the secretion has had no other remote cause than exposure to cold, just before or after the time for its discharge, or fevers without visceral obstructions, this remedy, I can with safety declare, from an experience of sixteen years,\* that it never has in a single instance failed me : I look upon it more certain than bark in an intermittent. After the menses have failed two or three periods, they very rarely return spontaneously ; if neglected long after this period, they lay the foundation of various unpleasant symptoms, and sometimes of serious ill health. If then a bleeding, a brisk purge, warm teas and warm bath, do not restore them at the first or second accustomed period, we should immediately begin the use of the guaiacum. In some cases it is necessary to prepare the system as it were for its use ; that is, with women who are robust and plethoric : for this purpose blood-letting, purging, and a vegetable diet should be premised a few days, or until the system will bear the stimulus of the tincture. When the system is thus fitted, it is to be given as above directed for painful menstruation ; and with the same precaution and exceptions. It sometimes relieves very

\* I may now say of two and thirty years.



quickly, at others it will require a perseverance of five or six weeks, but it rarely employs as much time as the disease just spoken of.

"I have known this remedy in two instances restore this discharge, where it had ceased three years, and many where it had failed more than one.

"As the tincture I prepare is something different from the tincture of the shops, I have subjoined my formula.

R.	Pulv. gum. guaiac.	3 viij.
	Carbon. sod. vel. potas.	3 ij.
	Pulv. piment.	3 ij.
	Alcohol. dilut.	℞ ij.

Dig.

"The volatile spirit of sal ammoniac to be added, pro re nata, in the proportion of a drachm to every four ounces of the tincture ; or less or more agreeably to the state of the system."

The *essay on the inversion of the uterus* is a plain, practicable, and intelligible exposition of the causes, treatment and consequences, of this distressing accident. "The indications," he remarks, "are simple, viz. the reduction of the fundus when it has passed too far through the mouth of the uterus ; and when passed too far for restoration, to take off the stricture occasioned by the mouth through which it has passed, contracting too forcibly on the body, and thus producing derangements and consequences similar to those which arise from a portion of gut being strangulated. The first indication is readily fulfilled, and will naturally suggest itself to any practitioner : the direction for the second is in the following words.

"The second indication is to be fulfilled by grasping the tumour firmly, and drawing it towards the os externum pretty forcibly ; by this means we make the body of the uterus pass through its mouth, which is the contracting part. That, I believe, will always be easily effected, as the prolapsed part passes from a greater to a lesser bulk, in proportion as we approach the mouth ; for the uterus, as soon as emptied, will return more to its pear-like shape. It may be proper to observe, if this case be of any standing, and the



bladder not empty, the urine should be drawn off by the catheter."

Which we think would *not* naturally suggest itself, and notwithstanding the case appended, to which the rule is exclusively indebted, was perfectly successful, we think that in none other than those which under ordinary treatment are utterly hopeless, would it be willingly resorted to: we will insert the case at large for the benefit of the reader.

"On Friday, 24th March, 1808, at half past 5 o'clock in the morning Mrs. P. was delivered of a living child; her waters discharged themselves six or seven hours previously, and before her midwife was called. The placenta came away spontaneously, as the midwife asserted, and to which the patient herself agreed; its expulsion was attended with great pain and great flooding; she vomited severely for an hour, and several times fainted without an abatement of the discharge. This, however, was eventually moderated by the acetate of lead, and perhaps contraction of the uterus itself.

"After this she continued pretty tranquil, but weak, until Sunday morning, when there was a renewal of the hæmorrhage, with pains resembling those of labour. These ceased in the afternoon; but she became more alarmingly ill. She now fainted frequently, and the discharge continued. In this way she kept unto Tuesday, at which time I was called, at the desire of Dr. Atlee, whose patient she now was. The Doctor suspected the true state of this woman's case, and mentioned his opinion to me, to which at first I could scarcely assent, as almost all the cases I had ever heard or read of, as well as I recollected, had soon proved fatal; and the case I had witnessed but a few months before but served to make me doubt the Doctor's representation, or rather opinion. Here, were his judgment correct, was an instance of inverted uterus of four days' standing: a case giving contradiction to all I had heard or believed on the subject.\* I however visited the patient by appointment, and found her almost exhausted; her pulse so frequent as not to be numbered, and so small as scarcely to be perceived; great difficulty of breathing, and became faint on the least motion;

\* Since writing the above, I have strong reason to believe that the inversion did not take place until the morning, namely, Sunday, on which there was a renewal of the flooding, and the occurrence of pains resembling labour, as at this time the uterus suffered an universal atony.

insatiable thirst, frequent vomiting, cold extremities, and a continuance of uterine discharge. I examined her, and found, as Dr. Atlee had declared, the uterus to be inverted. The fundus was down at the os externum, and could readily be seen partially covered with a thin coagulum of blood when the labia were separated. The places not hid by this coagulum were rough or spongy, and of a dark brown colour.

“A very dreary prospect presented itself by ascertaining this poor woman’s situation ; we believed death to be inevitable. But one resource offered itself, namely, to attempt the reduction of the fundus, hoping as the uterus had not escaped from the vagina, the inversion might not be so complete as to render this impossible. We accordingly proposed this attempt to the husband and friends of our patient, candidly stating her situation, and the almost certain result if relief was not obtained in this way. They without hesitation submitted the case to our management.

“We carefully drew her to the side of the bed, and had the knees drawn up and supported. I gently introduced my hand under the tumour, and gradually raised it ; this gave me sufficient room to examine the nature and extent of the inversion. The instant I raised the womb there was a large and sudden discharge of urine : this gave still more freedom to an examination that was to terminate in the disappointment of my hope of the reduction of the fundus. I found so much of it had passed through the mouth of the uterus as to render any attempt at reduction futile, and the more especially as the tumour was augmented by its having swelled since its prolapsus. The stricture occasioned by the contracted mouth was readily felt, and was very strict. I was extremely perplexed for the moment how to proceed, or to announce the failure of an attempt that alone at first sight appeared to promise success or even relief, but it fortunately occurred to me, before I withdrew my hand, that I might take off the stricture by inverting the uterus completely. Agreeable to this suggestion, I grasped the tumour firmly, and drew it pretty forcibly towards me, and thus happily succeeded in slipping the remaining portion through the constricting mouth. The woman was almost instantly relieved from much of the anxiety and faintness she had before experienced ; but as she was so exhausted by previous suffering and discharges, and as the internal surface of the uterus was now exposed to the influence of the external air, I was prevented from feeling or giving the slightest encouragement of recovery to her friends ; but fortunately the event proved how groundless were my fears, for from this day she rapidly recovered, without another alarming or troublesome symptom.

“Milk was freely secreted on the fourth day after, and continu-

ed freely. Our patient was twenty-three years of age, delicate, but always healthy, but more especially so during her pregnancy.

"I visited this patient to-day, November 26, 1808, and found her at the wash tub, perfectly well; suffers no inconvenience whatever from the uterus; menstruated regularly for three periods; had more or less discharge of mucus tinged with blood for four months; this last four months has had no discharge of any kind; suckles her child, which is remarkably thriving. The uterus is so much contracted as to be no longer within reach of her finger.

"*Remarks* — In this case we see with what wonderful facility parts accommodate themselves to new situations; the mouth of the uterus is now within the abdomen, while the once internal surface of this viscus is subjected to the action of the external air, but whose influence it appeared to resist for some time, as it persisted for three months in the regular secretion of the menstrual blood. Nay, we do not know whether this is stopped even now by any change effected on its now external surface; it may be the natural interruption from suckling. May this woman again conceive? I do not believe it impossible. It is a case well worth watching, for should this woman again prove pregnant, it will effectually settle a long disputed point of physiology; it will incontrovertibly prove that the semen is not conveyed through the os tincæ to the cavity of the uterus, from thence to the Fallopian tubes, and from thence to the ovaria, to produce conception.\*"

The next essay on *puerperal convulsions*, is one of a purely practical cast, and deserves and will receive the almost unqualified approbation of every member of the profession. After going a little into their history as laid down by former writers, our author for the convenience of method divides them into three great classes, viz. the epileptic, the apoplectic, and the hysterical, depending for the most part on the common causes producing them, together with the superaddition of the puerperal state: for a particular description of

\* I was this day called to Mrs. P. (June 1, 1810,) on account of indisposition; she gave the following account of her situation: "She had been pretty regular ever since last report, but for the last few periods it has been more abundant, and is sometimes accompanied by the discharge of coagula; it continues longer than formerly, and when it ceases, it is followed by profuse fluor albus." I saw Mrs. P. again in April, 1818, and found her enjoying a very fair proportion of health, the catamenial discharges had ceased for the five last years, and has been a widow several years past; she has never been impregnated since her accident.



each species we must refer to the book. The treatment of the first species consisted of bleeding, cupping, brisk cathartics, cold applications to the head, and blisters to the extremities, and in the case recorded in order to give a specimen of his practice, the patient lost ninety-seven ounces of blood in three days, by the lancet and scarificator. The remarks under the head of treatment in the apoplectic species we cannot do better than transcribe.

“ We know no difference in the treatment of this disease that is very important, except that blood-letting should if possible be more promptly employed, and more extensively used than in the former—for if an hour be lost, the patient’s doom may be sealed. And it must not be disguised, that the patient but too often falls a victim to its violence, notwithstanding “all the pliances and means to boot.” And we may add, as it forms a distinction between these two species, that there is one state of the patient in which artificial delivery is not to be thought of. But as this is a matter which should be clearly understood, we will state the treatment more at length. In order to do this with the least possible ambiguity, we shall divide this species into two varieties, and for want of better terms shall call one idiopathic and the other symptomatic. By the former we wish to be understood that attack of convulsions in which pregnancy or labour has no agency in the production of: and by the latter that attack of convulsions which happens during the progress of labour, but in which this process had no other agency than producing a strong determination to the head. In variety first, we have seen a disease seize a pregnant woman without this state contributing especially to it; for if the same plethoric condition of the blood vessels should be produced without the circumstance of pregnancy, the same result would follow. In this variety then we shall find, that the premonitory symptoms preceded the attack but a short time; that they were more intense; but that the convulsions are perhaps less severe, but more obstinate in their continuance, and less regular in their return—the breathing is more strongly stertorous, or is rather a loud snoring—that there is no change made in the *os tincæ*, nor any evidence of uterine contraction—in a word, not a symptom of labour. Here, then, should we attempt delivery by forcing the mouth of the uterus, as some direct, we should inevitably destroy our patient; delivery in this case is not to be thought of, because there is no effort of nature for this object, and where this effort does not manifest itself, it were mad-

ness, nay, I had like to have said, *murderous* to attempt it. Our whole duty in this case consists in proper medical treatment, and differs in no way from that we have already suggested for species the first, except, in this case, the remedies require a more prompt and a more extensive application. Effusion but too often takes place, and all our hopes are blasted in a moment. We may here observe, once for all, that the rules for the delivery of a patient labouring under convulsions are simple, clear, and void of all ambiguity—they are these : When there is an evident disposition in the uterus, to effect the expulsion of its contents, it is then, and then only, we are to attempt to assist it.

“ 2. That this assistance must be given to the efforts of nature with the least possible violence.

“ 3. That unless the labour be far advanced, and the delivery can be very promptly effected either by turning or the forceps, it should not be attempted until we have lessened the danger of a fatal effusion by a copious bleeding.

“ 4. That no attempt should be made to dilate the mouth of the uterus when at all rigid, until we have removed, or very much lessened the determination to the head by a *sufficient loss of blood*.

“ 5. That this *sufficient loss of blood* is only manifested by a cessation, or a great abatement of the convulsions, or by an easy dilatability of the os tincæ.

“ 6. That when the former condition obtains, we may safely trust to the efforts of nature to effect the latter, but if it be accompanied by the latter, the more speedily we deliver the patient the better.

“ 7. That turning is the means to be employed when the child is still enveloped in the uterus ; but when the head has escaped from this viscus, we must employ the forceps.”

Hysterical convulsions, according to Dr. Dewees, are much more rare than either of the preceding kinds : their symptoms are very similar in their character to those which occur without any dependence upon the puerperal condition, and their treatment does not materially vary ; he thinks that delivery is not essential to the welfare of the patient, unless the convulsions take place after the labour is pretty far advanced, when the head of the child may be presumed to give occasion to them by the distention of the os tincæ ; when this is the case, delivery is an important and speedy remedy—small detractions of blood usually suffice in this form of dis-

ease, after which opium and anti-spasmodics, may with safety be exhibited. The whole paper exhibits the author as perfectly familiar with the subject he is treating, and possesses more than ordinary interest to the young practitioner, who, if he have not a well grounded confidence in the resources of his own mind, must in these peculiar emergencies anxiously realize his deficiency.

The next paper is entitled, *Observations on Mr. Fogo's paper on the importance of the Uterus*. As we do not recollect ever to have seen Mr. Fogo's paper, which appeared in the 6th volume of the Edin. Medical & Surgical Journal, we are unable to say what are the comparative merits of the criticism; from the passages quoted by Dr. D. it would appear that he had made free use of the commonly received opinions on the subject of menstruation, and had taken leave to differ from the majority of modern writers, on the question whether it is a *secretion*. We have no hesitation in declaring, that Dr. F. has treated this particular branch of his subject, with a confidence in his own opinions which rendered him indifferent to those of others, and has thus subjected himself to criticism which has been provoked by the manner rather than the matter of his remarks; and while we regret that he has not made more use of argument and fact in the discussion of it, we can scarcely excuse Dr. D. who has committed a fault of the same kind in some parts of his strictures on it. We do not intend to give an opinion of the merit of Mr. Fogo's work; but have stopped, merely for the purpose of stating, that if Dr. D. takes it for granted that the three objections which he urges against Dr. F. are unanswerable, he is unquestionably mistaken. That the menstrual fluid differs from ordinary blood in smell, colour, and coagulability will be readily allowed by Dr. Fogo himself; but that these differences necessarily constitute this fluid a wholly different material, depending for its production upon a peculiar secre-



tory action, will not be so readily conceded, as these differences are explicable without the necessity of resorting to that process. The history, causes, uses and nature of the catamenial discharge has exercised the ingenuity of physiologists from the time of Hippocrates to the present, without subjecting their theories to the charge of absurdity or folly, although they were as wide from each other, and most of them as wide of truth as baseless hypothesis could make them, the obscurity of the subject appeared to allow a latitude of speculation which would not be readily accorded in the discussion of matters to which more certainty attached; and thence it was that opinions however various were always treated with respect: some were plausible, some probable, some merely ingenious, but all unsatisfactory, if not in their results at least in the reasonings by which they were supported; and it is worthy of remark that the most modern, and we believe generally received notions on this subject, are by no means the least liable to exception. It is unfortunate for the interests of science in some respects, that its greatest benefactors without being conscious of the influence of their opinions, are made the instruments of perpetuating error; the suggestions of a man of superior genius or commanding intellect, will oftentimes control to such extent, as to preclude a rigid examination of them; and such we apprehend to have been the case in relation to the doctrine of menstrual secretion. Whether Dr. Fogo has bestowed as much attention to the discussion of the subject, as it merits, we do not know; we rather incline to think that he has *not*, as it appears to have been treated incidentally; but we are well assured that Dr. Dewees has left very much to be adduced in its support, which Dr. F. might have said, and which if said, would have had a very material influence on the style and character of this paper. We shall not at present enter further on this topic, and as it is difficult to extract without mu-

tilating the text of the author, we shall barely refer the reader to it, observing that it contains a syllabic view of the reasonings in favour of the doctrine, that the menstrual discharge is the product of secretion, not only *not* blood, but essentially different from it.

The next is a short paper on *Dysmenorrhœa*, in which our author takes occasion to apply the theory of secretion to the explanation of the phenomena which attends this distressing complaint. Barrenness according to Dr. D. is for the most part attributable to it, it is therefore to be considered not as a condition contingent to menstruation, but as involving the evidence of a diseased condition of the uterus itself. After giving a short history of the symptoms which mark the complaint, he proceeds to the explanation of them in the following manner :

“ It (the menstrual discharge) differs from blood in the following particulars : 1st. It is much thicker. 2d. It does not resemble it in smell. 3d. It is much darker coloured. 4th. It never separates into its constituent parts. 5th. It never coagulates. 6th. It is said to be nothing like so susceptible of the putrefactive process.

“ From this it would appear, that the coagulating lymph receives a new modification during its transmission from its vessels to the internal cavity of the uterus, since it no longer exhibits its common property of coagulation when exposed ; and this circumstance becomes a test, that the uterus is performing its menstrual duty properly ; and on the contrary, when this does not obtain, it marks a diseased condition of this viscus.

“ It may be asked, why this change in the coagulating lymph should be necessary ? We answer, it is a wise and kind provision ; and that, the peculiar process by which it is formed, is, in our opinion, chiefly directed to this end. And to effect this, nothing more is required than a specific arterial action ; for this kind of change takes place in many instances in the general circulating mass from some peculiar impression on the sanguiferous, or perhaps nervous system—thus in yellow fever, scurvy, death from a blow on the stomach, or electricity, passions of the mind, inordinate exercise, &c. we have dissolved blood as it is termed, or blood which does not coagulate.

“ For the purpose of operating a change on the coagulating

lymph, the process of secretion is instituted, or at least the blood designed for the menstuous discharge is subjected to the action of certain vessels, whose office is to deprive it of the power of coagulation, and in the healthy state of the uterus, this act is faithfully performed. And we believe that this is the principal change that the blood undergoes, and this for the benevolent purpose of exempting the female from the long continued pain and suffering that would necessarily ensue, did not the uterus perform this kind and friendly office. Did the blood retain the property of coagulation, the life of the woman would truly be a life of misery, as at every menstrual period she would suffer the miseries of a labour; the blood would coagulate within the uterus, and this viscus would be urged to contractions of the most painful kind to throw it off; and no sooner would it have achieved this desirable end, than a fresh and similar duty would be imposed upon it, and would thus continue until the period had passed over. And in cases of imperforate hymen, what would not the poor woman be doomed to suffer from the same cause? But here, a kind Providence interposes, and by the arrangement of the menstuous blood remaining fluid, she escapes from the misery that its coagulation would produce.

“ Since then we can show a direct advantage in the menstuous blood remaining fluid, is it not more than mere conjecture to say, that as this change was an important one, that the process of secretion was instituted with the express intention to impose this alteration on the coagulated lymph? We are ourselves decidedly of this opinion. An opinion which, however at variance with many respectable authorities, is well supported by facts, and the phenomena of menstruation. Did no advantage result from the change we have been contending for, it might be idle or unimportant to insist on it; but, as it is a remarkable circumstance in the history of the menstrual discharge, that, *in a healthy state it never coagulates*, we have thought proper to insist on this peculiarity as evidence of a change of a notable kind. And that this change can only be the result of a secretory process.

“ It has been said\* that the menstuous blood is prevented from coagulation by its admixture with the mucus it may meet with in the vagina. But this is purely conjecture. It never has been proved by direct experiment; nor is the mean, in our opinion, sufficient for the end. In the case of imperforate hymen the menstuous discharge remains fluid; this perhaps has been collecting many months; and as it is entirely confined to the vagina and cavity of the uterus from the first period of its secretion until it may be discharged by art, and without being subjected to any conqua-

\* Mauriceau, Haller, &c.



sitory motion to incorporate it with the mu us secretion of these parts, we cannot see how mere contact with it, should so change the lymph as to prevent its coagulation.

“ Having (we trust) rendered it more than probable, that the fluid thrown out at the menstrual period is the product of a secretory process ; and that this process is instituted with the view to deprive the coagulating lymph of the power of coagulation ; and that when this secretion is healthily performed this end is uniformly effected ; let us advert to the consequences that would follow, supposing that from some cause or other, an interruption is given to this healthy condition of the uterus : it would seem, under such circumstances, to follow as a consequence, that the fluid discharged would differ from the product of a healthy and well established secretion. The process would be imperfectly performed, and the required changes would not be completely induced,\* the coagulating lymph would not be entirely deprived of its usual or common capacity, consequently the menstuous fluid would be imperfectly elaborated ; so soon then as this fluid is eliminated from the secretory vessels it will begin to separate into its constituent parts, the colouring matter will separate from the imperfectly subdued coagulated lymph, and will, from its superior density, occupy the lower or most depending part of the uterine cavity, and will sooner or later make its escape, while the coagulating lymph will remain either altogether or in part to spread itself over the internal face of the womb, and will, as it is wont to do when in contact with living parts, quickly assume the appearance and density of membrane.

“ This membrane will be to all intents and purposes an extraneous substance to the uterus, and will consequently stimulate it to the effort of throwing it off, which will be eventually effected by the institution of alternate contractions ; and hence the pain during this process.”

\* It may be questioned by some, (if the menstuous fluid be a secretion,) whether there is any coagulating lymph in this discharge, since it does not manifest itself by this power, and consequently if it be the case that there is no coagulating lymph in the menstuous fluid, the explanation we offer must necessarily fall to the ground ; to a supposition of this kind we would answer, that the presence of the lymph is rendered more than probable ; first, from, in every instance where the experiment has been tried, where the red globules of the blood were found, the coagulating lymph has been proved to accompany them. 2d. That, as there is in Dysmenorrhæa almost invariably a casting off of a membrane, it proves the existence of the coagulating lymph, since we know of no other fluid of the human body capable of producing a membrane-like substance. Besides, were it ever to be proved that in the healthy secretion of this fluid there is no coagulating lymph, still it would not disprove the explanation we offer of the membrane, as Dysmenorrhæa is occasioned by a diseased or vitiated state of the secerning surface of the uterus, consequently, this part may perform its function so imperfectly as to allow of the escape of the coagulating lymph, and this may, and most probably does, exert its unsubdued powers so soon as it escapes from the uterine vessels.

Here the reader cannot fail to remark, unless indeed he has embraced the doctrine without ever having examined the data on which it rests, that some of the particulars are not so well settled as our author is disposed to believe; the first is confessedly incidental, the fourth depends on the fifth, and the fifth so far from being reduced to certainty, is attended by such a multitude of exceptions as under almost any other circumstances would destroy the operation of the rule; and it is this last presumed distinctive mark, on which Dr. Dewees founds all his reasonings in favour of the doctrine of secretion. So essential is it to the support of the theory, that gentlemen make no scruple to declare, that whenever coagulation does obtain, the process of menstruation is unnatural or depraved, which by the way is taking that as granted which is the very thing to be proved, seeing that it is the keystone of the arch upon which the whole doctrine is made to rest.

Our own opinion on this subject is, that there is no occasion to call in the aid of a specific arterial action in the sense in which Dr. D. uses the term, in order to account for the production of a membrane which is very frequently evacuated at the catamenial period: we believe that all the changes which pass upon the blood, are changes consequent upon its elimination; and with deference to the high authorities which have originated and maintained a contrary doctrine, we trust we shall be able to prove it, and in case we do not succeed, we are pretty certain we can dispose of the presumed five points of difference in a tolerably satisfactory manner, without the aids of secretion. The discussion in this place would not consist with the plan of this analysis, but we shall take an early opportunity to call up the subject.

The *essay on the rupture uterus*, which is the next in order, is an admirable exposition of all the circumstances attending this most appalling accident, given with just so much detail, as while it leaves us nothing to regret on the score of defici-

ency, is equally removed from that tedious prolixity which fatigues attention in subjects of most interest.

The entire catalogue of human woes, presumed under any circumstances to be within the reach of remedy, cannot present a more sickening picture than that which is the subject of this paper, and the successful treatment of it, when under the most favourable aspect in which it can present, is emphatically a redemption from the grave—from a grave cloathed in tenfold terrors, because seen for the first time in all its realities, and from a point too, from which all the sympathies of nature have been accustomed to contemplate deliverance from ordinary suffering. Death, under any circumstances other than those of absolute destitution, is always anticipated with feelings of dismay to which mere nature cannot be reconciled, and with which it never can become familiar; and it is, perhaps, for this reason that the bounteous Author of our being, for the most part, in the order of his providence gradually weakens our attachment to earth, by cutting off one by one, either by present or expected suffering, all those bonds which tie us to existence: but in the case before us, all these connecting links are severed in an instant, and that instant too, more full of joyous expectation than any other in life's brief calendar; it is no wonder therefore that the heart sickens, and the energies of our nature are palsied in the contemplation of an incident of such painful interest: it is no wonder, that human aids have been abandoned, when human probabilities of succour have been extinguished; that art should refuse its assistance, when it could not be afforded without aggravating the agonies of a death rendered tenfold more terrific by the manner and time of its attack. However excusable may have been the conduct of professional men heretofore, in withholding all means for the relief of the distressed under circumstances of this appalling character, (and we are among the number of those who can speak feelingly on this matter, and



who are disposed to excuse,) yet as the accident is not necessarily fatal, we are inclined to accord to the writer of this essay a more than ordinary share of praise for the able attempt which he has made to show both the propriety and necessity, and even the moral obligation which this question involves, and to offer the only practicable assistance which the nature of the case admits, in order to ward off the event which must follow in case of an abandonment of all means of relief.

Dr. Dewees, after stating the practice of some of the greatest authorities in accidents of this kind, and the reasons on which it was founded, has taken great pains to show, that in no case is there good authority to believe that they have terminated favourably without the assistance of art; that there are cases which have eventuated happily where this assistance has been rendered; and that even where their termination was fatal, an event always to be feared because always probable, the sufferings of the patient were assuaged, and the descent to the grave rendered more easy and comfortable: and if these things are so, every reader must confess that he has imposed upon all practitioners of midwifery, whose misfortune shall make them witnesses of the accident, an obligation which they are bound to acknowledge, to make every practicable effort to deliver their patients.

The presumed causes of a laceration of the uterus, according to Dr. D. are the following:

“ The first, or direct, are mechanical violences, and may be external or internal. The external may be a blow,\* a fall,† a kick or violent pressure;‡ the internal may be, attempts to turn§ or to return a prolapsed limb,|| or the maladroit application of instruments,¶ or the unequal surface the fœtus itself may present.\*\*

\* Journ. de Med. 1780.

† Journ. de Med. 1780.

‡ Annals of Med. p. 278.

§ See Mrs. M.'s case of this essay.

† Hamilton's MS. Lectures.

§ Dease as quoted by Burns.

¶ Dr. Hunter, Med. Journ. vol. viii. p. 368, as quoted by Burns, p. 481.

"The second, or indirect, are those which impair the integrity of the substance of the uterus, such as all those causes which offer a mechanical impediment to the passage of the child, as a contracted pelvis,\* an unusual sharpness of the linea, iliopectinea† and exostoses,‡ tumours,§ scirrhus indurations,|| and ulcers.¶

"The first set of causes act directly by exerting a force beyond the resisting power of the uterus itself; the second by diminishing the strength of some particular portion of that viscus, so that its own contractile powers are sufficient to overcome the resistance which the injured part offers to them when strongly excited.

"The operation of the first set of causes is sufficiently obvious without any explanation; and the influence of the second is by far the most common, though not so immediately evident. When there is a contracted pelvis, the head of the child is prevented from freely engaging in it; and as it is always covered by the uterus at the commencement of labour, and in most instances until the last period, it follows as a consequence, that it must be confined between the presenting part, and some portion of the pelvis; now, if it be too long retained in this situation, and more especially if it rest against a sharp edge, as the linea iliopectinea,\*\* or an exostosis,†† inflammation will ensue, and if the cause be not removed quickly, run on to gangrene. When this has taken place it is easily understood how rupture may take place at the part thus injured, even without any extraordinary exertion from the healthy portions of the uterus.

"The second set act, by preventing a regular distension of the uterus, during gestation; of consequence, some one portion or other is unduly put upon the stretch, and of course weakened; and by being passive during labour, from its diseased condition, cannot resist the efforts of the healthy portions.

"Baudelocque‡‡ says, "the violent and sometimes convulsive action of the uterus on the child's body, is almost always the cause of its rupture." But that "the rupture in question cannot happen in any case, unless the uterus has been pre-disposed to it by those means (those we have just enumerated) or by other causes which are all accidental." It follows, then, that if every point of surface of the uterus, is equally disposed to support the efforts made to expel the child, the rupture cannot take place; but if any one part is weakened from any cause whatever, that portion necessarily

\* Perfect's Cases, p. 448.

† Med. Mus. vol. ii.

‡ Perfect's Cases, vol. iii. p. 439.

\*\* Burns, p. 268.

†† System, vol. iii. p. 412 and 413.

† Burns's Prin. Mid. p. 268.

‡ Baudelocque, vol. iii. p. 413.

§ Baudelocque, vol. iii. p. 413.

|| Dewees' Case, Med. Mus. vol. ii.

runs the risk of laceration. When the action of the uterus itself is the remote cause of rupture, the latter always happens at the moment when the former is exerting its highest power ; hence this takes place in the height of a pain. This accident may happen to any portion of the uterus or at its connexion with the vagina ; and the rent or tear may be in almost any direction. It may be more or less extensive, so that the child with its appurtenances may escape entirely into the cavity of the abdomen, or only part of it, or it may remain confined to the uterus. These different conditions are not alike unfavourable : when the child leaves the uterus altogether or partially, the woman's chance of recovery is much less, than where it does not pass through the wound, for a mere lesion of the uterus itself is not necessarily fatal. It is the injury done in the abdominal cavity by the presence of a foreign body that chiefly constitutes the danger."

The symptoms which attend it are thus described :

" For the most part, the woman feels an acute pain at the part where the rent has happened—she generally shrieks out, and declares that something unusual has happened to her—the rupture is sometimes accompanied by a noise that is audible to the bystanders—a discharge of blood of greater or less extent is noticed from the vagina—her face becomes pale—her respiration is hurried—she becomes sick at the stomach, and most frequently vomits—the matter discharged is sometimes only the common contents of the stomach, at other times very dark coloured, and even black—the pulse becomes extremely frequent, small, fluttering, or extinct—the woman complains of a mist before her eyes, loss of sight, and extreme faintness—a cold clammy sweat bedews the whole body—and convulsions and death follow, if she be not speedily relieved.

" It would seem that the symptoms are modified by several circumstances—first, whether it be the uterus itself, or its connexion with the vagina that is ruptured—second, whether the child has escaped, either in part or wholly, into the abdomen—third, whether the lesion not only passes through the substance of the uterus itself, but through the peritonæum also.

" 1. When the rupture takes place in either the neck or body of the uterus, pains, however brisk or frequent before, almost always cease altogether, or become of a feeble, transitory kind, that have little or no tendency to forward the child. The woman, for the most part, becomes more rapidly weak, either in consequence of the importance of the organ injured, or from the hæmorrhage that almost always attends this kind of rupture.



" 2. When the child escapes entirely into the cavity of the abdomen through the rent in the uterus, pain instantly ceases, and the most distressing and alarming symptoms are almost certain to follow. If it be but partly protruded, the pains may continue and even effect the delivery ; or the child may be extracted without any very great inconvenience. But if so much has passed through, that the powers of the uterus itself, or the aid which art may give, be inadequate to the delivery of the child, we shall then have a train of as untoward symptoms nearly, as if it had entirely passed through.

" 3. Should the rent stop at the peritonæal covering of the uterus, we have reason to believe that the symptoms will not only be much milder, but that the woman's chance of recovery will be much greater.

" Notwithstanding, however, the very decided character the symptoms attending rupture of the uterus assume, they are not exclusively to be relied upon ; but they are calculated to rouse us to a painful suspicion ; and we should lose not a moment to have them either removed or confirmed. This can only be done by a careful examination of the abdomen and of the uterus ; the first by the application of the hand externally, and the other per vaginam. Should the accident occur before the rupture of the membranes, the tumour which they formed will shrink away, not again to return perhaps ; for should the rent be through to the abdominal cavity, it is more than probable that the membranes will yield their contents within it ; but should the lesion be arrested by the peritonæum, they may remain entire for some time, though they may not again form a pouch within the circle of the os uteri : for this last will most probably contract pretty firmly after this event, although previously well expanded, and may from this circumstance, serve to distinguish the accident.

" If we apply the hands to the abdomen, we may expect to detect the fœtus within its cavity, if the rupture be complete, either by its stirrings if it has not parted with life, or by tracing its limbs through the thin parietes ; in this case, we shall almost always find the contracted uterus occupying its usual place. Should the symptoms lead to strong suspicion that the uterus has given way, and we find it still maintain its globular form, we have a right to conclude that either our suspicions are not exactly confirmed, or that the fœtus is still retained within its cavity, though the rupture has taken place. But this is not to lull us into a security that may be fatal to both mother and child.

" If the accident happen after the rupture of the membranes, the presenting part will either recede beyond the reach of the fin-

ger, or will be so easily forced back, (provided it has not absolutely engaged in the pelvis,) as immediately to excite alarm, if not confirm suspicion. Under such circumstances we should not trust to the "touch" alone; the hand should be cautiously introduced into the vagina, and the most careful and deliberate examination be made. This examination will detect, not only the rupture, but the part that has sustained the injury; should it be the uterus itself, we shall be able, with little or no force, to pass the hand through the os uteri, if the accident has happened after the labour had been well advanced; and this would lead to the knowledge of the exact situation of the patient. But should the uterus have given way before the os tinæ was sufficiently dilated to pass the hand freely, we should not be tempted to use a force that might be as destructive as the accident we were dreading: we may, however, profit by the situation of the hand, as it will enable us to pass the finger far, if necessary, into the uterus through its mouth, and by this we can ascertain whether the fœtus still entirely occupies it, for in this case, it will be within a very small distance of the os uteri; if it has partially escaped into the abdomen, it will most probably be more remote; and if it be entirely in that cavity, it will no longer be within reach of the finger. We must obey the same rules should the rupture take place before the full period of utero-gestation.

"But if the laceration happen to the neck of the uterus, or at its connexion with the vagina, it is much more frequent that the fœtus with the placenta pass immediately into the abdomen; in either of these cases, the presenting part will suddenly and entirely remove from the superior strait; we are immediately to examine the patient, so soon as these symptoms render it more than probable that this event has taken place. There does not exist the same difficulty to a satisfactory examination in these latter cases as in the former; for when the uterus is lacerated at its neck, the wound for the most part is so extensive as to permit the hand to pass without difficulty into the abdominal cavity, as the orifice of the uterus is prevented from contracting by this rupture of its circular fibres; and when the rent takes place at the union, if we may so term it, of uterus and vagina, there is, perhaps, even less difficulty to the passage of the hand; for the wound cannot diminish in capacity in any direction by the contraction of any of its fibres, but would rather augment, if they possess such a power; the uterus will be found for the most part firmly contracted, either on the anterior or posterior portion of the pelvis, as it may happen to be either the anterior or posterior portion of the vaginal circle that has given way.

"The intestines will frequently prolapse through the wound,

which but too decidedly declares the nature of the accident ; or we may encounter them immediately above the edges of the rent ; and no one that has not experienced this trial, can possibly imagine the thrill of horror with which he will be seized, the instant his hand comes in contact with the naked bowels. It is almost needless to suggest the propriety of a cautious and gentle examination, when the hand has entered the abdomen. The difficulties and danger which must necessarily accompany a laceration of the uterus, may be augmented by a portion of intestine being engaged in the wound, and there severely pinched by the contracting orifice."

Dr. D. then proceeds to arrange all the various circumstances under which rupture may happen in a tabular form, which, though it displays much research, reflection, and observation, is for all practical purposes, of much less interest than any other part of the paper, as he allows but one remedical mean, viz. delivery either per *vias naturales*, or the operation of *gastrotomy*, the last of which is never to be resorted to except in cases of deformity of pelvis, or manifest disproportion between it and the contents of the uterus, or where there is a physical impediment to delivery in any other way.

We are sorry that our limits will not permit us to dwell longer on this interesting paper, to which we invite the attention of every professional accoucheur who, is anxious to be found well furnished for every exigency which the practice of his art necessarily involves.

The essay on *retroversion of the uterus*, and the strictures on *Dr. Merriman's* opinions on the same subject, and extra uterine conception, form the substance of the two next papers, and are treated much in detail : we cannot conveniently make them the subject of analysis ; we barely remark, that they are made to occupy rather more room in the book than their importance could challenge ; though they possess an interest, the last at least, more than usual from the expectation raised by the collision of opinions of these two distinguished writers.

*The case of suppression of the menses attended by dropsy,*



which was cured by the volatile tincture of guaiacum, is short, plain, and practical, and is valuable as the record of a fact.

The *essay on the uterine hemorrhage* is elaborate, and somewhat speculative, and calculated to improve the practice; it occupies a large share of the volume: the author in treating his subject, has thought proper to attempt an explanation of the nature of the connexion which subsists between the ovum and the uterus; to investigate the causes which may impair the connexion, and the modes of their operation; the several periods of uterogestation at which these causes may operate; the consequences that may result from their operations at these various periods, and the modes of treatment applicable under these varied circumstances. With all the reasoning and speculation which has been brought to bear upon the first four points we shall dispense, and confine our attention to treatment only, not because they are deficient in interest, but because, in comparison with the last, they are points of secondary consideration, and we have already extended our analysis much beyond the limits which we first prescribed to ourselves. The periods of pregnancy at which hemorrhage may occur, having a direct relation to the manner in which the flooding must be treated, will of necessity render it necessary to take the two last however in connexion; and as a general rule it may be premised; that floodings are dangerous in proportion to the advanced state of pregnancy, though their frequency is in inverse proportion to their approximation to the usual time of gestation, viz. two hundred and eighty-nine days. Dr. D. for convenience, we presume, has divided the periods into first and second, the first comprising the first half of the ordinary term, and the second, the last. In the first period it is obvious that the indications are to arrest hemorrhage, prevent pain, and guard against its recurrence, and those points should never be forgotten in the treatment; for the preservation of the ovum depends upon

their being fully answered. The following are his views on this subject:

“Whenever a woman is seized with an hemorrhage from the uterus, the sooner we can arrest it the better; every known remedy of efficacy is to be employed in succession, should the antecedent ones fail of success; and every advantage must be given to the means by the patient and her attendants, by a strict adherence to the directions enjoined. It would be in vain for the physician to prescribe, if either the patient or attendants run counter to his instructions; and in no case perhaps is this observance of more decided consequence than in the complaint we are now considering.

“One of the first steps to be taken is to command the most perfect rest of body, and of mind as far as may be practicable. The patient should be placed upon a matress, sacken-bottom, or even floor in preference to a feather bed. The room should be well ventilated; the patient very thinly covered; her drinks of the mildest kind, such as toast water, cold baum tea, lemonade, ice water, &c.—no stimulating substance of any kind should be permitted. Care should be taken, even in the administration of food and of drinks, that the patient be not subjected to exertion to receive them; they should be given to her while in an horizontal position. Her food should also be of the same character with her drinks—thin sago, tapioca, gruel or panado—in neither of these should wine or any other liquor find admission; they can be rendered agreeable by lemon juice, sugar or nutmeg. All animal food, or the juices of them in the commencement of flooding, should be forbidden. Let whatever is given, be given cool. Absolute rest of every member of the body should be enjoined.

“The officiousness of nurses and of friends very frequently thwart the best directed measures of the physician, by an overweening anxiety to make the patient “comfortable.” This consists in changing of clothes, “putting the bed to rights,” or altering her position; all this should be strictly forbidden. Conversation should be prohibited the patient, and all unnecessary company excluded. Much mischief is frequently done by the injudicious talk of bystanders, who delight for the most part in the marvellous, and but too often relate the histories of cases which are every way calculated to appal the already but too much alarmed patient; this kind of gossiping should be peremptorily forbidden, even at the risk of giving offence, rather than permit it to the certain injury of the sick.

“Having established a proper system for the repose of the patient and the government of the attendants, we should next determine the propriety of blood-letting—this becomes very often of

high importance, especially at this division of our subject ; plethora is an usual attendant at this time, nay, may be, as we have hinted, the very cause of the alarm. Blood should be taken from the arm in a quantity proportionate to the exigency, remembering we do little or no good by the operation if we do not decidedly diminish the force of arterial action ; let the pulse rather sink under the finger than otherwise ; its repetition must be regulated by circumstances, recollecting however, that hemorrhage is sometimes maintained solely by exalted arterial action.

“ The acetate of lead should now be given in doses, and in frequency, proportionate to the violence of the discharge. From two to three grains guarded with opium, may be given every half hour, hour, or less frequently, as circumstances may direct : or in case the stomach be irritable, a very efficient mode of exhibiting it is per anum—twenty or thirty grains may be dissolved in a gill of water, to which will be added a drachm of laudanum ; this must be repeated *pro re nata*. If pain attend, more opium should be given than if there be none ; and this must be repeated until a decided impression be made upon the uterine contractions, or until its exhibition appears totally unavailing. Should the discharge be profuse, the application of equal parts of cold vinegar and spirit of any kind, may be applied to the region of the pubes ; or, what is still better, a large bladder two-thirds filled with ice and water.

“ The discharge from the vagina, when very profuse, will not always yield however to these remedies, and if it does not, it will very soon become highly alarming. To save even a few ounces of blood is a duty, and sometimes is highly important : should then the means just recommended fail in moderating or stopping the threatening symptoms, no time should be lost in employing the tampon. The best we have ever used is a piece of fine sponge of sufficient size to fill the vagina. It should have pretty sharp vinegar squeezed from it several times with a view to cleansing of it, as also that it may be imbued with this acid ; it should then be introduced into the vagina, and suffered to remain until its object is answered.

“ Previously, however, to the introduction of the sponge, it will be well to examine the state of the *os tincæ* ; the condition we may find this in, will very much govern our decision and prognostics. Should it be found entirely closed and of its original shape, we may, notwithstanding the profuseness of the discharge, and even the presence of pain, still entertain a rational hope of preserving the ovum ; but if on the contrary its form be altered and the mouth opened, we are pretty certain it will be sooner or later cast off. But neither of these conditions are to affect our conduct as regards the



bleeding ; for this is to be staunched, though we are certain the embryo will be lost. Much error is committed sometimes under the impression that the ovum must be expelled, and that nothing can be done advantageously for the woman until this is effected. We have known a hemorrhage suffered to continue almost to the complete exhaustion of the patient, because pain was considered essential to this end ; though with each return of which, a large coagulum would be expelled ; or the discharge has been augmented by improper attempts to aid its expulsion. Both of these mistaken methods cannot be too severely reprehended—one for blameable supineness, and the other for rash interference. Whatever may be the rapidity of discharge in such cases, it is ever under command, so far as our experience will warrant the assertion, by the use of the tampon. It should be instantly resorted to, and its effects will be as quickly perceived. If the ovum can be preserved, we save a prodigious expenditure of blood ; if it cannot, we not only do this, but obtain a most important truce, during which time nature achieves the separation and the final expulsion of the ovum, without the farther exhaustion of the patient. For Leroux tells us, that when the uterus is opened, the tampon is not only useful in stopping the discharge, but in stimulating the uterus to successful contraction.\*

“ We deprecate with much earnestness, frequent and unnecessary touching. This is not only injurious by fatiguing the patient, but by removing coagula that may be important to the stopping of the hemorrhage. This should therefore always be avoided, but at such times as it may become necessary to ascertain whether the mouth of the uterus be yielding to the influence of pain. It therefore can only be necessary in such cases as are, or have been, accompanied by uterine contractions. We also must seriously forbid all attempts to remove the ovum, so long as its greater bulk is within the cavity of the womb, lest we break through its covering and evacuate the liquor amnii. We must let no false theory get the better of multiplied experience ; all of which goes to prove the impropriety of such a procedure : for it is agreed by the most enlightened men upon this subject, that it is mischievous to effect it, and unfortunate when it happens spontaneously. The reason is obvious. The embryo is expelled, and its involucrum is retained ; the consequence is, that the flooding is by this means perpetuated, and much pain and inconvenience, if not danger, is experienced before it is thrown from the uterus. We must therefore repeat it as a rule, that the ovum is never to be pierced before the com-

mencement of the fifth month,\* unless the flooding is very profuse, the pains very urgent, and the os uteri pretty well opened."

The indications in the second period, though precisely the same, require a different mode of procedure in many respects ; the safety of the patient depends more on the promptness of the exhibition of the remedies on account of the profusion of the hemorrhage, and very frequently calls for a speedy delivery. In addition to the means in ordinary use, Dr. D. is particularly partial to the tampon, and has taken occasion when recommending it, to consider all the objections which have been heretofore brought against its use : its success in his hands fully warrant his commendations, and the rationale of its mode of operation commends itself by its simplicity to every reader at first view, as its only office is to assist nature in her attempt to arrest hemorrhage in the precise manner which experience has pointed out to be most usually efficient, to wit, by furnishing facilities for the formation of coagula.

When delivery is unavoidable, Dr. D. has given what we think very proper directions with regard to the time of resorting to it, and the reasons therefor ; and in few words they may be stated : it is only when the os uteri is dilated or dilatable without offering violence to the parts concerned in the process, as in every other previous condition of the uterus we have a remedy in the tampon, which in the experience of the writer never has failed, and that experience we know to have been sufficiently extensive to protect the admission of a general rule. So long as hemorrhage is suspended, there is good hope that nature may help herself, and nothing can eventually be lost by waiting for the exercise of the powers of the constitution, which will assuredly point to the expediency of any ulterior measures.

\* Burton, and some others, advise the rupturing of the ovum even at the second month : than this, nothing can be less conformable to either sound reasoning or good practice.

The ordinary opinion among practitioners who have been educated twenty or thirty years ago, viz. that fainting is a desirable event in hemorrhage, is successfully oppugned, not because it is unfortunate in itself, otherwise than as it gives evidence of great debility, but because from the manner in which this part of the subject has been treated by authors, practitioners have been anxious for its occurrence, and have waited for the event; and Dr. Denman is among the number of those where opinions come in for a large share of Dr. Dewees' censure in this matter.

On the subject of unavoidable hemorrhage, Dr. Dewees is extremely minute, and as far as our experience enables us to judge, very correct: it is a condition of things calculated, so far as it concerns the practitioner, "to screw his courage to the sticking place," whenever it does obtain, and therefore one for which he should be at all times well prepared; and we would recommend not only its perusal but its study to every reader who is not perfectly familiar with the phases of every possible case which may present itself. As it is impossible to do justice either to the reader or writer by any extracts which we could make within any reasonable compass, we shall not quote.

That description of hemorrhage consequent to labour, and which arises from a total or partial separation of the placenta, as connected with an exhausted or debilitated condition of the uterus, occasioned by a too vigorous exercise of its powers, is also the subject of considerable remark, and very justly claims a large share of our author's attention: it is alarming, because it is frequently and rapidly fatal; and no means which can be devised for its arrest are of any value, unless quickly operative. We believe with Dr. D. that it may be, and often is, induced by the officiousness of the accoucheur in effecting a rapid delivery of the child and secundines, without waiting for the expulsive efforts of the uterus; by which the only natural stimulus to uterine contraction is prematurely with-



drawn, and this viscus left in a quiescent state at the very moment when its action is most important to the safety of the mother. All uterine contraction previous to delivery, has reference to the expulsion of its contents, and the well-being of the infant; all afterwards, to the security of the mother, and to that alone, and may be said to be as essentially necessary to her preservation, as the former is to that of the child to be expelled: every thing, therefore, calculated to check arrest or interfere with the natural order of the process of parturition, (which cannot be said to have been completed till the patient has recovered accustomed health,) is to be as scrupulously avoided, as would be the positive causes of disease, and we are pleased to find Dr. D. inculcating cautionary lessons in this important matter. When hemorrhage does occur, however, not only the flooding itself, but the cause of it, must be suddenly counteracted.

“No time must be lost by temporizing; the woman will sink if not instantly succoured—frictions upon the abdomen should be quickly commenced, and be actively pursued; large doses of the acetate of lead and opium should immediately be exhibited—cold water poured from a height should be let fall upon the abdomen, if the frictions do not very soon recall the contractile power of the uterus; and if much faintness from the loss of blood attend, a small quantity of moderately strong brandy and water should be given every few minutes until this disposition is relieved; this will pretty soon follow its exhibition, if the means for re-exciting the uterus should be successful—fresh air should be freely admitted, but the feet and legs should be kept warm, by bottles of warm water or heated flannels; the ergot, if at hand, or readily procured, might be tried, provided nausea or vomiting do not attend.\*

“But we must here repeat, our great dependence is upon the abdominal frictions; haying, so far, never known them to fail.

\* We do not mention the ergot as a remedy in uterine hemorrhage from our own experience, but have no hesitation in believing from theory, and from the practice of others who are every way worthy of credence, that it may essentially and promptly be useful. The proper dose will be twenty grains, and repeated in fifteen minutes should the first not succeed.

Some practitioners have introduced ice\* into the cavity of the uterus, under these circumstances, and it is said with success. For our part, we can say nothing upon the influence of this remedy, from our own experience ; and were we tempted to employ this substance, we should not judge it necessary to conduct it within the cavity of the uterus, from a belief (not, however, we freely confess, confirmed by trial) that it would be every way as effectual if it were held in the vagina."

After an attentive perusal of this paper, we are convinced of the impossibility of dealing fairly with our author, unless we extract very largely from his book ; it is written with such attention to minute circumstances, all of which, as matters of observation and experience, are entitled to consideration ; and connected so intimately by reference, one part with another, as to render a satisfactory analysis within our limits extremely difficult. This must be our apology to the reader ; but we trust we may compensate in some measure for our deficiency, by recommending the perusal of the book to every intelligent physician engaged in the practice of obstetric medicine. Many of his facts are of his own observation, and to men of limited experience they must be for the most part new : much of his reasoning is minute, and may be considered in some part as deficient in interest ; but it must be remembered that he is a practical writer, and the Midwifery Professor in the University of Pennsylvania, and may be influenced by habit, as well as by duty, to magnify his vocation by insisting upon its details. As a whole, the work is one of no ordinary merit ; and the estimation in which it is held by the medical public, is as creditable to the profession as flattering to its author, to whom, at no distant day, we shall be indebted for a complete system of Midwifery.

\* Levret, we believe, was the first who had recourse to this remedy in the manner above stated, and it has since been recommended by others ; it has lately been advised by Mr. Barlow.

*Histoire des Phlegmasies ou Inflammationes Chroniques, fondee sur Nouvelles Observations de Clinique et d'Anatomie Pathologique, &c. &c. ; Par F. I. V. BROUSSAIS, Chevalier de l'ordre royal de la legion d'Honneur ; Medecin en chef et Premier Professeur a l'Hospital militaire d'Instruction de Paris, &c. &c. Troisieme Edition, revue et augmentee de notes. Vol. Trois. Paris, 1822.*

*Examen des Doctrines Medicales et des systemes de Nosologie ; Ouvrage dans lequel se trouve fondu l'Examen de la doctrine Medicale Generalement adoptee, &c. ; Précédé de propositions Renferment la substance de la Medecine Physiologique ; Par F. I. V. BROUSSAIS, Chevalier, &c. &c. Vol. Deux. Paris, 1821.*

There is this peculiar in the Physiological Medicine ; it regards symptoms but as the signs or effects of morbid derangement, not as constituting the disease itself ; whereas preceding systems, especially such as have been formed since the days of Sauvages, have been mainly employed in collecting these indications of disease into groups, and have considered each group as forming a distinct, abstract existence, differing as much from the mere organic derangement of an organ, as from the ordinary vital actions of the œconomy. It is against this fundamental and specious principle of nosology, and the errors that have sprung from its adoption, that the *Examen* appears to be chiefly directed : as such, it will fully answer its purpose with all who shall possess sufficient patience and ardor to labour through nearly 900 pages of discussions, in which little regard is given to methodical arrangement, and where some points seem never to be dismissed, but recurred to again and again, until one is weary of them from very satiety. As a general and philosophical history of medical doctrines, in ancient and modern times, the *Examen* is extremely defective and unsatisfactory. It consists of detached examina-



tions of particular parts of doctrines, which the author has judged necessary to confute, in order to prepare the way for the establishment of the physiological medicine, rather than an attempt to present a general and comprehensive view of medicine in the different periods of its progress. If we perhaps except those parts which are devoted to the exposition of the Hippocratic medicine ; the doctrines of Brown as taught by himself, and since modified by the Italian physicians ; and the doctrines which at present prevail in the school of Paris, at the head of which stands the venerable Pinel ; the work does not indicate the author to be extensively and familiarly acquainted with the opinions and labours of others. Every medical tyro will feel himself authorized to laugh at the woful ignorance displayed in the chapter on English medicine ; the serious and respectful mention of obscure individuals ; and the terms by which *English* medicine is designated and characterized. The author's reputation, we think, calls for the suppression of all that is contained in this chapter, except what he has said of the doctrines of John Hunter, (which, by the way, requires some emendation, for he seems not fully to have comprehended their import,) and the notice of our distinguished countryman Miller, on whose labours he bestows the flattering commendation—of exhibiting more evident impresses of the physiological medicine than the works of any preceding author. We do not pretend to know much of the state of medicine in Germany, Spain, and Italy, but we have no doubt that the chapters devoted to the medical doctrines of these countries are quite as defective as that on English medicine ; for who can believe that the medical science of Germany can be gathered from the works of Frank, and Hildenbrand, and the essays contained in two or three periodical journals ; and that the genius of Spain and Italy have done so little for the healing art as is attributed to them by our author ?

The chapter on the Hippocratic medicine is admirable: the causes that led to the adoption of the humoral theories and the expectant system, are designated with great clearness, their defects shown, and the necessity of not following in the footsteps of Hippocrates, (who did not enjoy many important advantages which the progress of science has placed at our disposal, in the investigation of disease and the application of means for its removal,) are lucidly and strongly set forth. Although the doctrines of the father of medicine are acknowledged to be extremely defective, and his mode of investigating disease not worthy of being held up as a model for our imitation, yet the author renders him the praise of having produced a system of medicine of wonderful perfection, considering the many disadvantages under which it was formed.

The critique on the Brunonian doctrines, although somewhat tedious, and now and then unintelligible, is on the whole both able and just. But it is in his examination of French medicine that the author is most at home. It is here that he displays a familiar acquaintance with his author, and shows that he has examined the subject in hand in all its bearings. It is here that he exhibits that surprising perspicuity and penetration which enables him to seize and place, in glaring contrast, those characteristic and contradictory principles of a doctrine, whose inconsistencies and absurd sequences escape detection under the scrutiny of more ordinary talent, by means of the arrangement adopted, and from being enveloped in such details and minor matters, as are thought calculated to prove their truth and consistency.

First in order, is a short critique on the works of Borden and Barthez, the former of whom he acknowledges to have taken an important step in advancing the science of medicine, by first inculcating the importance of investigating the pathology of the different systems or organs separately; and the lat-

ter to have been influenced by *some* sound nosological principles—an arrangement of diseases founded on the pathological condition of the organs; and also to have exhibited with clearness and ability some of the principal and general phenomena of the nervous system and of life; but nevertheless not to have advanced in any material degree the science; for he continued a thorough-paced ontologist, and was entirely engrossed in the scholastic doctrines of his predecessors. Next follow a few passing words in praise of Cabanis, for having placed the seat of the passions in the abdominal viscera, a doctrine which he has most ill-advisedly incorporated in the physiological medicine, with which it has no necessary connexion. After these slight notices, the author enters fully "*en matière*," for all the preceding part of the work seems to have been intended as a sort of introduction to prepare the way for a full and critical examination in all its parts, of the *Nosographie Philosophique* of Pinel. To this goal all his preceding observations evidently tend; and as soon as he enters on this chosen ground, he seems no longer to labour at task work, but treats his subject with an ease, clearness, and force of argument that interests the reader, and will generally bring the conviction to his mind, that the venerable Pinel has not succeeded by his nosological arrangement and investigation of diseases, in rendering the scholastic medicine any more consistent and correct than he found it. This part of the examination is equally interesting to the physicians of this country and of Britain, where Pinel's nosographie is scarcely known, as to those of France; for it is a refutation not of Pinel merely, but really of the Cullenian nosology, the only system excepting those of Sauvages and Vogel, that ever exerted any extended influence on the practice of medicine. An analysis of the leading features of this critique, will accordingly best show the discrepancies of the physiological medicine with what may be considered the re-



ceived medical doctrines of the last half century, and at the same time prepare the reader to comprehend the scope of Broussais' more general and abstract principles, as contained in the propositions prefixed to the work.

Mr. Pinel takes it for granted, that the science of medicine is based on incontrovertible principles; and that diseases are known independent existences, which it is only necessary to observe, in order to catch those few prominent symptoms of each malady, by which they may be individually distinguished and appreciated. No account is taken of the various alterations a disease may undergo in the course of its progress, from the operation of external causes, medical treatment, the extension of the disease to other parts, and the different characters it may assume in its different stages. The first class comprises idiopathic or primitive fevers, which are divided into six kinds, or orders, and, quite inconsistently with their character and definition, the most of them are located in particular parts of the system: for example, the inflammatory fever, in the sanguineous system; the bilious and mucous fevers, in the mucous membrane of the digestive organs; the ataxic or malignant fever in the nervous system, &c. No attempt is made to treat of fever in general, which shows the unsoundness of the separation of these fevers from those arising from local inflammation; for did such difference really exist, the primitive fevers should not only present some characters which would distinguish them from the class of the phlegmasiæ, but some common character which would invariably and exclusively attend their progress throughout: neither of which was he enabled to show, and therefore he passed over the subject in silence. These different orders of fevers are appropriated to different states or stages of the same affection. A fever, according to the nosography, may be inflammatory in the first instance, then change into a gastric or bilious fever, and then again into a mucous fever. If either

of them should prove fatal, it is most generally by being converted into an adynamic, putrid, or asthenic fever. If the brain or nervous system should become greatly affected in the course of the disease, the fever is said to have changed into a malignant or ataxic fever; and if the dissection after death should show the ravages of inflammatory action, the inflammation is considered as the effect of the fever, and not as having caused it. The distinction of one kind, the pestilential, is alone made to depend on the cause which is supposed to have given rise to it, namely, a contagious principle.

In the class of the phlegmasiæ, Pinel has rendered some service to medicine by distinguishing, after the principles first taught by Hunter, the inflammation of the different tissues; although he was very far from carrying the doctrine to that perfection, which it afterwards received from the able researches of Bichat, as developed in his *Treatise on the Membranes*, and in his *Anatomic Generale*, but which he has since adopted almost without commentary. Nevertheless, in many other respects the details given of this class of diseases is extremely erroneous. The author appears to be entirely ignorant of the nature and character of gastritis and of enteritis, for in treating of these diseases, he describes with great exactness a peritonitis. Gout he makes to consist in an inflammation of the sero-fibrous texture of the small joints, and yet he inculcates the doctrine of its translation to the head, stomach, lungs, &c.—An evident absurdity; an inflammation of the joints to exist in the stomach or lungs! The fever of incubation in the exanthematous diseases is considered as secondary, depending on the cutaneous inflammation; by which doctrine the effect is made to precede its cause, for the fever always appears two or three days before the eruption, which circumstance gave at least a plausibility to the doctrine of these fevers being idiopathic, especially as the primitive affection of the mucous membrane of the stomach, and duodenum

was equally overlooked in these fevers, as in those universally believed to be general and primitive. Dysentery is very properly placed by M. Pinel in the class of the phlegmasiæ. M. Pinel blames Stalh for considering those hemorrhages only to be of the passive character which arise from external violence, and coincides with Brown in admitting a cachexic state with relaxation of the capillaries of a part producing an hemorrhagic flow. The passive condition of hemorrhagies, he thinks, is proved from the feebleness of the subject, the absence of the *molimen hemorrhagicum*, or hemorrhagic effort, and the benefit derived from the use of stimulant remedies. That mere feebleness, even of the extreme kind, will not produce a sanguineous exudation, unless attended at the same time with local irritation, is proved by its not occurring in diseases of the greatest debility, in the terminating stage of fatal cases of fever, in paralysis, and in those extreme parts of the system, which lose their vital energy before death finally supervenes: on the contrary, the blood retires from these parts to the more central organs of the system, and they are left almost entirely bloodless. As for the second characteristic, the *molimen hemorrhagicum*, it marks the most active state of hemorrhagic disease, and is more strongly exhibited in feeble and irritable habits than in the robust. The argument drawn from the operation of remedies, is by no means conclusive: local stimulants act in arresting hemorrhagy by their astringent properties, and are only beneficial where the local congestion and inflammatory irritation, which last always exists in a greater or less degree, do not prevail to any great extent, otherwise they only aggravate the disease. General stimulants produce their good effects by calling up sympathetic actions, and causing revulsion. Whilst the active character of hemorrhagies, and their being always attended with a local irritation or inflammation, is insisted on, it is not denied that a mechanical obstruction of



the blood-vessels may engorge a viscus to so great a degree as to produce an hemorrhagic flow, which may be considered to partake of a passive character.

The class of the neuroses in the Nosography presents a medley and confusion, both in the order in which the different affections are grouped, and the remedies which are assigned for their relief, that fully shows the author possesses no just notions on their nature and seat, and on the sympathetic relations which an inflammatory irritation of one organ exerts over other parts, by producing what is commonly called nervous diseases. The chronic inflammation of the mucous membrane of the stomach and duodenum, is entirely overlooked in hypochondriasis and the disease located in the cerebral system. So also in the treatment of the vesaniæ, the state of the chylopoietic organs are little regarded, and the means employed almost reduced to the expectant system of the Hippocratic medicine. Apoplexy is placed at the head of the comatous diseases, and by the side of epilepsy and catalepsy; and yet it is the most complicated in its causes and character of any of them: it consists simply in an abolition of most of the functions of relations, produced by cerebral irritation arising from various causes, both febrile and otherwise; and even from the very disease it is made to precede. Hydrophobia is considered to be a nervous affection of the cerebral system, and no account taken of the state of the throat and stomach, nor of the highly excited condition of the mucous membrane of the pulmonary system. Many of the author's nervous diseases are invariably secondary affections, mere symptoms of lesions of other organs, arising from very various causes, and requiring very opposite succours for their relief, according to the various causes which have given rise to them. The following are of this description: asphyxia, syncope, palpitations, cardialgy, spasmodic vomiting, rumination, anorexia, &c.

The class of organic lesions, comprising the cachexiæ of former nosologists, abounds with the inconsistencies and contradictions incident to ontology. The true character of some of these affections are hinted at, but without influencing in any degree the author's mode of nosologically considering them: they must all by necessity be constituted separate, independent diseases, and treated as such. Organic lesion is defined to be an alteration of the intimate texture of a part; and the class divided into those affections which can attack every part of the system, and those which can affect only particular structures. Syphilis is made a general organic lesion, because in its most aggravated forms it may attack any part of the body; and its cause and true character, a local irritation, are entirely disregarded. The same place is assigned to scurvy; and the deficient nutrition which deteriorates the fibrin and gelatin of the blood and muscles, and really constitutes the disease, is not at all comprehended; any more than the inflammations that supervene on this condition of the system, and produce what is called the hot, acute, or inflammatory form of the disease. What shall we say of making gangrene an essential disease? Nothing can show in a more striking manner the absurdity of nosology; for this affection can never be any thing more than the *effect* of diseased action; and suppuration might, with as much plausibility, be placed on the same footing. Next follows, among the general organic lesions, cancer, tubercles, tabes mesenterica, scrofula, and rickets; all separate and idiopathic diseases.—Cancer is declared to be as inscrutable in its nature, as it is incurable in its character; tubercles to be hereditary, and produced without known cause; scrofula, tabes mesenterica and rickets, each specific in their nature, and all of them arising without previous inflammation or irritation. The same character is given to elephantiasis and yaws, which close the enumeration of the general organic lesions. Among the par-

ticular lesions, we find dropsies strangely assigned to the lymphatic system, the evident seat of most of the preceding diseases of this class. Now, nothing can be more plainly shown, than that they are invariably affections of the serous membranes, or of the cellular tissue; in the former instances, in a great majority of cases, arising from chronic inflammation disorganizing the healthy texture of these membranes; and in the latter, produced by some mechanical obstruction to the circulation of the blood. It is not denied, however, that some dropsies may be produced by the operation of cold, the sudden suppression of an accustomed evacuation, by scurvy, or great debility of the system; but even in these cases there is no obstruction or derangement of the lymphatic system. Next follow the organic lesions of the viscera, which the author pretends to separate from the neuroses and the phlegmasial affections of these organs: accordingly he contends that a lymphatic obstruction is distinct from inflammation, and may arise independently of it. Doubtless the organic actions of the lymphatic system are different from those of the sanguineous, and are likewise susceptible of having these actions deranged by the application of stimulant agents, which produce a modified inflammation, not exhibiting, it is true, all the phenomena of inflammation of other structures, as heat, redness, &c., but still bearing the characters of an inflammation *sui generis*—of a sub-inflammation. The author enumerates the following diseases as organic lesions of the viscera, arising and existing independently of inflammatory action, viz.: indurations and osseous formations in the substance of the brain, tubercles, osseous formations and other tumours of the respiratory organ, producing asthenic dyspnoea, &c.; tuberculous indurations, scirrhus, and other tumours of the liver, the jaundice of new-born infants, diabetes, urinary calculi, scirrhus polypi, fibrous and other tumours of the uterus, &c. Who does not perceive in this enumeration,



diseases of very different characters? The most of them can be traced to a pre-existing chronic inflammation, or else consist in a mode of irritation analogous to it.

Such are the most material imperfections of the nosography, the greater part of which will also be found to exist in all the received systems of nosology. M. Broussais in closing his examination of the work, draws the following general conclusions :

1st. That the class of fevers comprehends only phlegmasial diseases ; but they not being viewed in that light by M. Pinel, the mode of treatment proposed is defective, and not applicable to an inflammatory affection.

2d. The class of phlegmasiæ is incomplete, because it does not comprehend all the acute inflammations, and omits altogether the consideration of the chronic forms. The genera are badly formed, for they are not based on the true characters of inflammation, and the results of autopsic examinations : hence the curative indications are necessarily defective.

3d. The division of hemorrhages into orders and genera, according to the structures of the part in which they occur, is unexceptionable ; but their distinction into active and passive is erroneous, as also the treatment which is founded on such distinction.

4th. The class of the neuroses is objectionable, because the seat of these affections is badly determined ; and because they are confounded with chronic inflammations. The treatment is equally objectionable on account of this confusion, and the author not having just notions of the various modifications of the phenomena of irritation.

5th. The class of organic lesions should be entirely rejected as false ; because it comprises affections which are not lesions of organization, and those that really are so, are not primitive diseases, but rather the consequences of those diseases

which have been treated in the preceding classes : hence the treatment recommended must be defective, as it is not deduced from a knowledge of the true character of these affections.

6th. It follows from these reflections, that the general plan of the work is vicious; and that the nosological table is filled with diseases formed by arbitrarily grouping symptoms which do not represent the affections of the different organs. These groups of symptoms constitute, abstract, factitious entities, entirely false in their character, and based on a system of ontology.

Next in order follows an extended critique of those authors who have endeavoured to elucidate the nature and character of disease by post mortem examinations. The Morgagnis, the Bonnets, and the Bennets, failed, it is asserted, in the object they had in view, to ascertain the cause and seat of disease, from not having attached a precise and correct idea to the word disease, and from not having fully comprehended all the functions and sympathies of the different organs. The works of later authors, who have been engaged in this mode of investigating disease, namely, Laennec, Prost, and Rostan, have also in a great measure failed of their object from the same causes. These physicians examined a morbid alteration, not for the purpose of ascertaining the cause and nature of the derangement, but the effects which the disease is supposed to have produced; thus making the disease an abstract entity, existing before the alteration of the part, and considering each diversity of morbid alteration as constituting a disease. The works of these authors comprise many valuable facts and luminous views, obscured however, and in a manner rendered useless by the ontology of the schools; for their authors were not acquainted with the physiological principles of medicine. The idiopathic character of fever is still adhered to, the true character of gastro-enteritis wholly overlook-

ed, and the effects of irritation in producing diversity of morbid alteration not at all appreciated. In short, *morbid anatomy*, in the hands of physicians who flatter themselves to be able to discover, in the different alterations which the organs exhibit after death, a satisfactory solution of the pathological phenomena, and who endeavour to make such morbid alterations the basis of a nosological arrangement of diseases, by grouping around them the different symptoms which have been observed during life, will only serve to retard the progress of medical science.

In connexion with the works of the anatomico-pathologists, the monography of Pujol on *Chronic Inflammations* is examined. This work had nearly passed into oblivion, when the appearance of the *L'Histoire des Phlegmasies* caused it to be brought forward and represented as the source whence the doctrines of the latter work had been drawn. An examination of its leading features will convince every unprejudiced reader, that it does not contain the rudiments of the physiological doctrines, and could not, even if it had been known to the author, have served him as a model in pursuing his inquiries into the history of the chronic inflammations. The work is almost exclusively occupied in treating of inflammations of the parenchymatous and cellular textures; of course the very important agency of the membranes in the production of disease, especially of the mucous membrane of the digestive organs, which may well be termed the key of pathology, is not in any degree appreciated; and moreover, the idiopathic character of fever is never once called in question. The brain, liver, and uterus, are designated as the organs most frequently affected with chronic inflammation, and the sympathetic affection of these organs not understood. Notwithstanding these imperfections, Pujol produced an excellent work, well worthy the attentive perusal of the enquiring physician. He was far in advance of his contemporaries in his



knowledge of many diseases, which he has clearly traced to chronic inflammation of the abdominal viscera ; and his method of treating them was frequently judicious, and more antiphlogistic than that which was then in general use, yet he had by no means escaped from the influence of the humero-brunonian theories, and the consequent use of stimulant remedies, which they inculcate.

The concluding chapter of the *Examen* is occupied in noticing Cabanis' *Treatise on the Certainty of Medicine*. The analysis offers nothing very material. Cabanis is admitted to have treated his subject very ingeniously, indeed to have made the most of it ; but the Hippocratic medicine, his model, is not capable, it is asserted, of giving that degree of certainty to the science which it will doubtless attain when physicians shall learn to refer to their respective organs the various morbid phenomena exhibited in disease.

The preceding analysis of the examination of the medical doctrines of Pinel, and others, exhibit the principal points of difference that exist between the physiological medicine, and the system of doctrine taught in our received classics.

The following extracts from the propositions, present in one view the most prominent features of the physiological medicine, as given by the author ; and will enable the intelligent physician to test their value at the bed-side.

“ Animal life is supported only by external stimulants (Brown) ; and every thing is a stimulant which augments the vital phenomena.

“ Caloric is the first and most important stimulant ; and if it ceases to excite the system, all other stimulants lose their power over it.

“ There are substances in nature, besides caloric, which augment the sensibility and contractility of parts of the system, with which they are placed in contact. This is stimulation or irritation ; and these substances are stimulants.

“ When sensibility and contractility are augmented in any one point, they soon become so in many others ; this is sympathy.

" All the phenomena of association take place by means of the nerves, which transmit the stimulation from one part to one or several others ; these then are sympathies. "

" The ganglionic nerves preside over those internal motions only, which the cerebral centre does not direct. They are mingled with the capillary system of the viscera, and serve to regulate and transmit stimulation from one part to another, according to the necessities of the creating power ; that is, they are particularly subservient to vital chemistry. "

" A free and continual communication of excitement in all directions, and to all parts of the body, is indispensable for maintaining an equilibrium of the functions. "

" Excitement is never uniform in the animal economy ; it is always in excess in certain points, and is deficient in others, and predominates in different regions successively. This inequality often deranges, at last, the equilibrium of the functions. "

" The health never changes spontaneously, but always because the external stimulants destined to support the functions have accumulated the excitement in some particular part, or because they have ceased to affect the system, or because the system has been stimulated in a manner repugnant to the exercises of the laws of life ; for there are certain relations between external agents, and the whole, or different parts of the system, so that some are agreeable and others repugnant to the laws of vitality ; and these last are poisons. "

" Some external modifying powers diminish the phenomena of life in the organs on which they operate, but the pain which is developed in the debilitated part, serves as an excitement, which recalls the vital phenomena, in a manner sometimes favourable and sometimes unfavourable to the preservation of the animal. "

" Health supposes the regular exercise of the functions ; disease results from their irregularity ; death from their cessation. "

" The functions are irregular when one, or many of them, are exercised with too much or too little energy. "

" There cannot be a general and uniform increase or diminution of the vitality of organs. "

" The augmentation always commences in one organic system, and is communicated to others, either in the same apparatus, or in others. "

" Irritation may exist in any one system, without the participation of any other ; but this is the case only when it is slight. Its effects are then confined to the local organic actions, and to the nutrition of the part ; but as soon as the local irritation is increased to a cer-

tain degree, it is repeated in other systems or in other apparatus more or less remote, but always without changing its nature.

"The nerves are the only agents of the transmission of irritation, which constitutes morbid sympathies. Morbid sympathies are then produced in the same manner as sympathies in a healthy state of the system; they differ from them only in this, that in the last case the nerves transmit more irritation, or a mode of excitement which is repugnant to the laws of life.

"Morbid sympathies are of two kinds: the first are manifested by organic phenomena; viz. increased motions of the fibres, congestions, changes of secretions, exhalations, absorptions, which are then augmented, diminished, or rendered unnatural; by changes of temperature, or by defective nutrition; these are organic sympathies: the second, by pains, convulsions of the voluntary muscles, and mental aberrations; these are sympathies of relation.

"The more numerous and active the sympathies, the more violent is the disease.

"The organs sympathetically irritated, may become so in a degree superior to that of the organ, by the influence of which they are affected. In this case the disease changes its seat and name; this is metastasis.

"If the sympathetic irritation, which the principal viscera produce in the secreting and exhaling organs, and in the surface of the body, becomes stronger than that of the viscera, these last are freed from their irritation, and the disease is terminated by a prompt cure. These are crises. In this case the disease passes from the interior towards the exterior.

"If the irritation advances from the exterior towards the interior, or from a less to a more important viscus, the disease is aggravated. These are the false crises of authors.

"Irritation has a tendency to propagate itself in similar tissues and organic systems; this constitutes diathesis: it however sometimes passes to tissues entirely different from those in which it has originated, and this occurs more frequently in acute than in chronic diseases.

"When irritation accumulates the blood in a tissue with extraordinary tumour, redness and heat, which are sufficient to disorganize the part so irritated, it is called inflammation.

"Intense irritations of all organs, are constantly transmitted to the stomach at the moment of their occurrence; from this results loss of appetite, change of colour of the tongue, and of the lingual mucus: if the irritation received by the stomach arises to the degree of inflammation, the symptoms of gastritis appear, and as the brain is always more irritated, it develops in a higher degree the



symptoms which are peculiar to it, and it may even become inflamed.

"Intense irritations of all the organs are transmitted to the heart; the number of its contractions is increased, the circulation is accelerated, and the increased heat of the skin produces a painful sensation. This should be called *fever*, which is here considered in an abstract and general manner.

"Every irritation sufficiently intense to produce fever, is one of the shades of inflammation.

"Every inflammation sufficiently intense to produce fever by arriving at the heart, is enough so to be transmitted at the same time to the brain and stomach, at least in its commencement; and as it does not change its nature in being transmitted, it is always a degree of inflammation that it develops in these organs.

"Inflammation of the brain is more frequently the sympathetic effect of inflammations of the stomach, than their cause.

"The sanguine congestion of the stomach, in drunkenness, in typhus, and in fevers *mali moris*, is necessarily repeated in the brain and its membranes.

"All the irritations of the brain, which are prolonged till death, terminate in inflammation or hemorrhagy; such are epilepsy, catalepsy, violent agitations of the mind, &c.

"Mania supposes always an irritation of the brain.

"No extra-cerebral inflammation can produce mania, without the attendance of that of the stomach and small intestines. And the liver, in these cases, is affected secondarily.

"Inflammation of the internal or mucous membrane of the stomach is called *gastritis*; but it is never ascertained by examination of the body, except when joined with that of the mucous membrane of the small intestines. It were therefore better to call it *gastro-enteritis*.

"Inflammation of the mucous membrane of the small intestines, is called *enteritis*. Examination of the body after death, sometimes shows it to have existed alone; but this cannot be ascertained before death, and for the most part it has been preceded by gastritis. This should also be called *gastro-enteritis*.

"Colic, frequency of dejections and tenesmus, are the proper signs of inflammation of the mucous membrane of the colon.

"Gastro-enteritis is recognised by the sympathies which it develops: viz. 1st, The organic; redness and heat of the outlets of the mucous membranes, and of the skin, and alteration of the secretions of bile, urine, and especially of mucus:—2d, The relative; pains of the head and limbs, aberration of the faculties of perception and judgment. The influence exercised upon the heart is common to many other phlegmasiæ.

" All cases of acute gastro-enteritis, which become exasperated, are attended at last by stupor, blackness of the tongue, lividity, fetor prostration, and represent what is called putrid typhus, or adynamic fever : those in which the irritation of the brain becomes considerable, whether it amounts to the degree of inflammation or not, produce delirium, convulsions, &c. and take the names of malignant, nervous, or artaxic fevers.

" All the *essential* fevers of authors may be referred to gastro-enteritis, either simple or complicated. They have all mistaken it, when it has been unattended with local pain, and even when there are pains, they being regarded as accidental.

" It is by an acute gastro-enteritis, the first effect of the contagious agent, that the small-pox begins. The cutaneous phlegmasiæ succeeds it, and puts an end to it, where the number of pustules is small ; but it reproduces it, if the pustules are numerous, by the erysipelas, which results from the confluence of the areolæ ; such is the *secondary fever* of small-pox, called also the *suppurative fever*.

" Measles and scarlatina begin by gastro-enteritis, and by an acute catarrhal inflammation of the eyes, nose, throat, or bronchiæ.

" Hypochondria is the effect of a chronic gastro-enteritis, which acts with energy upon a brain predisposed to irritation.

" Most cases of dyspepsia, gastrodynia, gastralgia, pyrosis, cardialgia, and cases of boulimia, are the effects of a chronic gastro-enteritis.

" Hepatitis is consecutive to gastro-enteritis, which does not arise from external violence.

" Dropsy, in persons who have used alcoholic liquors, or purgatives too freely, is the effect of a chronic gastro-enteritis, which has involved the whole thickness of the digestive canal, the liver, &c. and which has slowly penetrated to the peritoneum.

" Tubercles which succeed to inflammation of the internal membrane of the bronchiæ, and of the bronchial vesicles, are produced in the same manner as those of the mesentery in chronic enteritis.

" I have never seen tubercles of the lungs without a preceding inflammation. Those even which are found in children at birth, do not appear to me to be independent of this phenomenon.

" Cartilaginous, osseous, and calcareous granulations, melanosis, scirrhus, encephaloid tumours, and cancer of the lungs, are produced in the same manner as ordinary tubercles.

" Scrophula is an irritation of the external tissues, in which the albuminous part of the blood predominates ; but as the heat is slight, and there is no redness, it may be distinguished by a particular name. Is that of sub-inflammation appropriate ?

" Concealed points of phlegmonous suppuration with absorption

of pus, cannot produce the fever called hectic, except by the irritation communicated to the principal viscera, either by sympathy with the part still inflamed, or from the stimulant impression of the absorbed pus. This fever then is not more essential than the others.

“All inflammations and sub-inflammations may produce cancer.

“All hemorrhages which do not occur from external violence, and which are spontaneous, are active, whatever may be the weakness of the subject.

“Spontaneous hemorrhages depend upon an irritation of the sanguine capillaries ; but they occur more easily when there is hypertrophy of the heart.

“Spontaneous hemorrhages depend upon the same remote causes as inflammations ; they also appear as complications, as causes and effects of these in the same parts ; and they alternate with them in different parts.

“The neuroses are active or passive, while inflammations and sub-inflammations must be active.

“The active neuroses consist in an increase of sensibility in the nerves of relation, and of the muscular and vascular contractility under the influence of these nerves.

“The passive neuroses consist in the diminution or entire loss of muscular sensibility and contractility.

“Scurvy is a particular state of the solids and fluids, produced by an imperfect assimilation.

“The phlegmasiæ are easily associated with scurvy, but do not depend upon it ; they arise from the causes which usually produce them ; such is the inflammation of the gums.

“The physiological causes of dropsy are obstacles to the course of the blood and lymph, the sympathetic influence of a chronic inflammation, the cessation of the action of the depurative or absorbent capillaries, imperfect assimilation and debility.

“Morbid irritation may be intermittent in every apparatus, and in all the organic systems.

“Intermittent and remittent fevers are cases of periodical gastro-enteritis.

“Each regular attack of intermittent fever is the sign of a gastro-enteritis, the irritation of which is transferred to the cutaneous exhalants, producing a crisis : if the irritation is not completely displaced, the fever is remittent ; if it ceases to remove at all, it becomes continued.

“Rheumatism is a phlegmasiæ of the fibrous or synovial membranes, produced by vicissitudes of external cold and heat ; it is therefore not surprising that they are often intermittent and periodical.



"Gout does not differ from arthritis, (or simple inflammation of the joints,) except in circumstances belonging to the age or idiosyncrasies of the subject.

"The form of articular phlegmasiæ called gout, is often, although not always, complicated with a chronic gastro-enteritis, which modifies its progress and attracts irritation to the viscera.

"Worms in the first passages, are often, but not always, the result of the alternation of the mucus, and of the heat, which are produced by a more or less violent gastro-enteritis; hence the so varied effects of anthelmintic irritants.

"It is always dangerous not to arrest an inflammation at its commencement; for the crises are violent and often dangerous efforts of nature to relieve the system from a great danger.

"There are four sorts of means to arrest the progress of inflammation: debilitants, revulsives, fixed tonics, and the more or less diffusible stimulants.

"The debilitants proper to arrest inflammations are, bleeding, abstinence, and emollient and acidulated drinks; but bleeding is the most efficacious.

"The bleeding from large vessels is proper in those sanguine engorgements, which are formed with rapidity in the parenchymata under the influence of irritation: bleeding from the capillaries, performed at the nearest possible part to the principal point of irritation, that is, upon the portion of the skin corresponding to the inflamed viscus, should be preferred in all other cases, when the disease is recent.

"Moderate inflammation of the brain yields to leeches applied to the epigastrium, especially when it has been preceded by gastritis; but violent congestions of blood in the brain require bleeding from the jugular arteriotomy, and leeches applied to the superior part of the neck; cold should then be applied to the head, while heat is made to act upon the inferior extremities.

"Cerebral congestions with weakness of the pulse demand the application of cold to the head, and rubefaction of the inferior extremities by hot water, before bleeding is resorted to.

"The "fever of incubation," in the acute cutaneous phlegmasiæ, being the signal of an inflammation of the viscera, which precedes that of the skin, bleeding from the capillaries performed as nearly as possible to the principal point of internal irritation, renders the eruption more easy, and lessens its danger.

"The secondary fever of confluent small-pox being the effect of erysipelas produced by the pustules, may be moderated and sometimes prevented, 1st, by bleedings performed during the fever of incubation; 2d, by leeches applied to the neck before the erysipelas of the face appears.

"The fever called *adynamic*, which occurs in confluent small-pox, being only a gastro-enteritis produced by the cutaneous erysipelas, may be prevented by the means which arrest this erysipelas. (See the preceding Prop.)

"Emetics cure gastro-enteritis by revulsion and the critical evacuations they produce : their effect is then uncertain in slight cases ; and in violent cases they are always dangerous, because they never fail to augment the inflammation they are unable to remove. The case is the same with purgatives ; but those which are bitter increase the heat most, while the saline conceal the inflammation by rendering it chronic. Such is often the effect of calomel and the neutral salts, which relieve the sufferings in gastro-enteritis, only by keeping up a diarrhœa which terminates in marasmus or dropsy.

"Blisters often augment gastro-enteritis, because the inflammation they produce adds to that of the digestive mucous membrane, instead of producing revulsion ; they do not then perform the services expected of them, in the degree of these diseases which is called *adynamic* fever.

"Blisters generally increase the inflammations, whether acute or chronic, of the different tissues of the lungs, when they are applied before antiphlogistic treatment ; but after repeated bleedings they are very successful in producing revulsion.

"The stomach is an organ which has need of being stimulated, in order to maintain, by the sympathies it awakes, the degree of irritation necessary to the performance of the functions ; but this should be in a degree and manner corresponding to its vitality, for it is the seat of the internal sense which regulates the whole system.

"No one will ever succeed in the treatment of any disease, who cannot direct the irritability of the stomach. The knowledge of gastritis and gastro-enteritis is then the key of pathology.

"Peritonitis in the puerperal state, being generally the effect of an inflammation of the uterus, should be arrested in its commencement by applying a profusion of leeches to the hypogastrium ; it yields to the operation of emetics only by revulsion ; of course it is often exasperated by their use.

"The warm bath cures peritonitis only by creating a revulsion in the skin, and the disease is exasperated if this revulsion does take place. So the warm bath often renews peritoneal inflammation which had been arrested by the application of leeches. The case is not the same with emollient fomentations.

"The warm bath often exasperates acute gastro-enteritis, because stimulations of the skin are ordinarily repeated in the inter-

nal membrane of the gastric passages ; cold applications to the abdomen, and even cold baths are more powerful, when the lungs are not inflamed. These means sometimes enable us to dispense with a repetition of the bleedings.

“ When the inflammation attacks simultaneously the mucous membrane of the lungs and of the intestinal canal, cold may be applied to the abdomen after bleeding, whilst a warm cataplasm is kept upon the chest ; but if the cough is increased, we must renounce the cold applications.

“ Digitalis lessens the number of the contractions of the heart, only when it is applied to a stomach free from inflammation, and there is none in any of the other principal viscera ; in the opposite cases they accelerate its action by increasing the inflammation.

“ Spontaneous hemorrhages, like inflammations, should be treated by general and local bleedings, by refrigerants, and especially by revulsion, let the strength of the subject be what it may : the last mode is the best resource, when the debility has become considerable.

“ Antispasmodics\* cure convulsive affections, only where the stomach supports them without being too much excited, and when the point of irritation, which is the cause of these affections, is not raised to the degree of inflammation. They are also injurious in hypochondria and hysteria.

“ There are five usual methods of treating remittent and intermittent inflammations : 1st, by antiphlogistics during the hot stage ; 2d, by stimulants and tonics during the apyrexia ; 3d, by stimulants during the hot stage ; 4th, by stimulants given at the moment of the chill ; 5th, by antiphlogistics during the apyrexia.

“ Inflammations with periodical exasperations, are cured by antiphlogistics administered during the remission ; when inflammation of the viscera remains after the sweat, and especially when this inflammation is sufficiently intense to keep up some degree of apyrexia, that is, when the fever is truly remittent.

“ The best method for the certain cure of inflammation with periodical exasperations, is, to treat it by antiphlogistics during the hot stage, so as to render the apyrexia complete ; to continue this treatment after the access, if it is not so ; to give cinchona and other tonics during the whole apyrexia ; with this to give diffusible stimulants at the moment of the chill, and to return afterwards to cooling drinks, when the hot stage is developed.

“ Bark and other stimulants administered while there remains any inflammation in the gastric passages, increase the inflammation

\* By antispasmodics, I mean stimulating medicines, according to common opinion, and not demulcents, which are almost always the best antispasmodics.



to an acute and continued state, or prolong its existence in a chronic form, while the access of the disease ceases ; then irritation and congestion are developed in the parenchymatous viscera.— Thus it is that the bark produces *obstructions*.

“ Dropsy produced by an obstacle to the circulation, yields to bleedings, and to light diuretics, if the obstacle is not incurable.— The digitalis is useful, if hypertrophy of the heart is its cause.

“ Dropsy occasioned by the sympathetic effect of a chronic inflammation, is rarely curable, because this inflammation does not produce disorganization of the part where it is seated. The treatment consists of that which is suited to the inflammation and of diuretics so administered as not to injure the stomach.

“ The dropsy which depends upon an accidental deviation of the serous fluids, that is, upon the cessation of the action of the depurative capillary vessels, yield upon the re-establishment of the transpiration and the course of the urine.

“ Dropsies arising from imperfect assimilation, are removed by tonics, by a warm dry light air, good diet, and the remedies of scurvy, if this disease exists at the same time with it. But those caused by the abuse of mercury and other mineral substances, sometimes resist on account of the gastro-enteritis which accompanies them.

“ Dropsies which originate from hunger, hemorrhagies, and other causes of exhaustion, are curable by tonics, good diet, wine, alcohol, and active diuretics, when there is no disorganization of the viscera ; but great caution is necessary in restoring the system to strength.

“ Mercury, sudorifics, and other stimulants, cure syphilis only by producing a revulsion in the excretory capillaries, but it should be seconded by abstinence ; for the syphilitic irritation is kept up by a too copious sanguification.

“ It is rare that the cure of acute morbid irritations, obtained by violent revulsive stimulants, is not followed by a chronic morbid irritation, and especially by gastro-enteritis.

“ Debility is *most frequently* the effect of irritation, and *sometimes* by itself constitutes the disease.

“ Whatever may be the debility attending irritations, they alone afford indications, while they are sufficiently violent to be exasperated by the administration of nourishment, or of stimulating medicines. As soon as the reverse is the case, the state of debility affords indications which must be combined with those depending on irritation ; and finally, when this has ceased, the debility becomes the principal disease ; but the irritability of the organs demands greater caution in the employment of stimuli.

"The indication to excite the stomach by tonics, is derived neither from emaciation nor weakness, but rather from the paleness and breadth of the tongue, as well as the feeling of languor and slowness of digestion, when aliments but slightly stimulating have been used.

"General debility, with inflammation, requires only good nourishment and a moderate quantity of wine, if digestion is performed. If it is difficult, bitters are required.

"Debility, with inflammation elsewhere situated than in the alimentary canal, requires nutriment, which is light and leaves little residuum, if the inflammation is acute; but all stimulants are forbidden, the irritation of which would be repeated in the inflamed organs; if the inflammation is chronic, this debility calls for substantial aliments, but always those of easy digestion. As for tonics, they are admissible in small doses, and for the moment only.

"Debility with acute gastric inflammation requires the treatment indicated by this inflammation; but if it is with chronic gastritis, it demands aliments derived from among the feculent vegetables, and even milk and the white meats, with attention to cooling the stomach by small quantities of demulcent fluids, when it becomes heated by the process of digestion. (See the treatment of these diseases.)

"The external treatment of debility produced by cold is by frictions, with snow, ice, water quite cold, or which has been but slightly warmed, &c.; internally it is to be treated by diffusible stimulants, alcohol, distilled waters in moderate doses, but we must pass to demulcents, and even to bleeding and abstinence, upon the occurrence of febrile heat, for without this, inflammations of the viscera might be developed.

"When there exists an extreme debility, and a great depression of spirits, from the commencement of an acute affection, we may infer that the inflammation occupies a large extent in the organs either of respiration or digestion, or in both at once. If then a general or local bleeding proportioned to the strength and symptoms, diminishes, instead of increasing the strength, they should not be repeated, for it is a proof that the viscera which introduce the materials for the preservation of life, do not perform their office, and that the system has no longer any means of repairing great losses. Demulcents internally, and cold and revulsion externally, are the feeble resources left us in so unfortunate a case. (See the propositions upon typhus and gastro-enteritis.)

"In order to practise medicine successfully, it is necessary not only to refer symptoms to particular organs, but still to be able to determine in what these organs differ from the state of health; that is to say, the nature of the disease.

“ It should be from the nature of the disease that the curative indications of the physician should be drawn. This is learned, 1st, from a knowledge of the modifying powers, which have increased, diminished, or changed in any manner whatever, the action of the organ originally affected ; 2d, from knowing the influence of this organ upon others ; 3d, from the knowledge of the modifying powers, which may restore the equilibrium, or at least diminish the intensity of the disease. The nature of diseases is to be derived then by the physician, from the appreciable physiological modifications of organs.

We have occupied so many pages in extracting from, and analysing the work, that we have left ourselves but little room for critical remark. We shall accordingly restrict ourselves to a few observations on such parts of the doctrine as appear to us liable to objection ; but we can do little more than announce our dissent, leaving it to the intelligence of the reader to supply the facts and arguments that may be brought in confirmation of our opinion. Although Broussais professes to have founded his doctrine on physiological principles, he seems to us to have paid too little regard to the healthy operations of the system, and to the distribution and relations of the nerves ; for it is only on a precise knowledge of these, that we can expect to give the physiological medicine that degree of certainty and truth which it appears capable of attaining, so as to be enabled to give to each aberration from the natural action, its locality, its extent, and its character. It is not sufficient to adopt Brown's explanation of vital action ; the animal machine is an aggregation of machines, each possessing peculiar attributes, moved or acted on by peculiar impulses, and doubtless, each subject to be controlled by peculiar means.

M. Broussais' definition of sympathy is much too vague and general to serve any useful purpose : it, in fact, comprehends every action of the nervous system, and every symptom of disease beyond mere local stimulation. Authors have



heretofore always attached to the operation of sympathy, an idea of choice or selection: thus, when it is said that an irritation at the neck of the bladder, produces pain in the glans penis, a nephritis vomiting, a hepatitis pain around the shoulder, or derangement of the stomach headach, and heaviness, the phenomenon is received in that light, and, indeed, thought to constitute its peculiar character. Now, to refer all the effects produced beyond the part or organ primitively affected to the operation of sympathy, to say that in a gastro-enteritis, sympathy excites the tumult in the circulatory system, deranges the functions of the skin, and of all the other secretory organs, produces redness and furr of the tongue, thirst, &c. is to destroy the received meaning of the term, and to confound together operations that are essentially distinct, and which, doubtless, are brought about in different ways. A recourse to sympathy in the author's extended acceptation of it, to explain the phenomena of diseases, can never advance our knowledge of them, any more than by referring them to the archæus of Van Helmont, or the vis medicatrix of Cullen, whose place it is made to take, but with more pretence of informing. Nearly the same objections lie against the employment of the term diathesis. It is defined to be the propagation of irritation to similar tissues or organs, which is nothing more than the continuous sympathy of Hunter, and has no relation whatever to that condition of system which it is invariably used to denote. In its proper acceptation, (that employed by Brown,) the word has no place in the physiological medicine, and is wholly inconsistent with it.

M. Broussais has not sufficiently considered and duly appreciated the degrees of irritability the system or an organ exhibits in its different conditions, for it cannot be denied that the irritability is frequently inversely to the state of tone or energy of the vital principle, and that too without our being able to trace it to the supervention of inflammation or other

disease. Although the author has unanswerably confuted Brown's explanation of this phenomenon, he has not given us one in its stead, nor allowed the fact to influence his doctrine of the nature of disease, or the means to be employed for its removal. The most glaring defect of the physiological system of medicine, is undoubtedly, making the mucous membrane of the stomach and small intestines the seat of too many affections. Broussais has shown that the symptoms of these inflammations, both acute and chronic, were not at all understood by physicians, and of course referred to imaginary causes: but still these symptoms may frequently arise secondarily, and from the lesions of other organs. Certainly, the mucous membrane of the digestive organs is not more exposed to the direct operation of hurtful agents than the brain, the lungs, or the skin: and, indeed, if we inquired into the mode in which acute inflammations of the *primæ viæ* are produced, we shall find that the causes often act indirectly through the medium of the dermoid system. We do not wish to be understood as denying the frequent occurrence of lesions of the mucous membrane of the digestive organs, nor their power of deranging the different functions of the system; still we see no reason why these membranes should be dignified with the appellation of "*internal sense*" any more than the inner lining of the heart or bladder; and have all general affections, which cannot be demonstrably traced to the direct operation of an irritant agent, attributed to their lesion. The investigations, however, which have been made in order to elucidate this doctrine, have given an impulse to medical science which it will probably never lose; they have brought the idiopathic fevers of authors on a level with the other phlegmasiæ; and shown that a long catalogue of diseases, which have been decorated with the title of nervous or cachexic, consists in, or arises from chronic irritation or inflammation of some tissue or organ in the abdominal region. If we examine into the

details of this part of the physiological medicine, we shall find weighty objections against the location assigned to some of the idiopathic fevers of authors. Autopsic examinations do not invariably show the internal coat of the stomach and duodenum to have been inflamed. Many of the causes of these fevers are applied to other organs, and it is fair to presume that such parts may be primitively affected, in those cases at least, where their derangement forms a prominent part of the disease, as happens in the typhus gravior, ataxic, or nervous fevers, which frequently arise from moral causes, acting sometimes as predisposing, and sometimes as exciting causes: cold and moisture, the most common causes of ordinary fevers, act on the gastric organs indirectly, and, in those instances where other organs are much disposed to become deranged, they may, from the same causes, be simultaneously affected. Physicians are not agreed how miasmatic exhalations operate in producing fever; whether they act directly on the stomach, the respiratory organs, or on the nervous system through the organs of sense: at any rate, it is very certain that in those cases where the deleterious material is sufficiently powerful to destroy life suddenly, whilst the person is, for example, walking in the open air, as has sometimes happened in pestilential and yellow fever epidemics, the cause has operated on the nervous system and brain; and consequently we should say, that in those cases where the miasm is of lesser intensity, and produces an attack of fever, it may have primitively acted on the cerebral or rachidien system.

Again, the class of idiopathic fevers must always have served as a very convenient place to arrange all fevers which did not exhibit any of the prominent symptoms of the acknowledged phlegmasial affections, and accordingly the very diversified and complicated descriptions of fevers contained in the books, show that authors have arranged in this class very different affections. Broussais would answer to these objec-



tions by saying: That if inflammation of the mucous membrane of the stomach and duodenum, was not always discovered in these fevers after death, it is because its signs are not accurately understood: that he does not deny the frequent occurrence of inflammation of other organs, but which, however, are always secondary; all he contends for is, that the groups of symptoms given by authors, as appertaining to idiopathic fevers, are produced by a gastro-enteritis, and if in the progress of the disease, symptoms of lesions of other organs occur, these lesions have been produced sympathetically by the irritation of the gastric organ. The validity of the author's assertions can only be tested by long and patient observation. In the mean time, we shall take the liberty of differing from him. We believe that the class of idiopathic fevers, as they are generally understood by authors, comprises different phlegmasial affections; that a large portion of them are very justly considered by Broussais, as irritations of the digestive organs; but that others again may be traced to lesions of the brain, spinal marrow, internal lining of the heart and arteries, or hepatic system, &c., as their primitive sources. Why inflammations of the brain and liver are judged to be almost invariably secondary affections we cannot conceive, unless it be to corroborate the doctrine of these organs not having any agency in the production of the fevers just considered. The brain, besides being liable, in common with other tissues of the system, to be irritated by various substances applied to it in the course of the circulation, is constantly exposed to a great diversity of nervous impressions and mental emotions; and the hepatic organ, from its complicated structure, its peculiar circulation, and the very extensive and important influence which it exerts on the animal economy, is necessarily much exposed to be deranged by the direct operation of irritant causes. Let us call to mind only one of the most frequent causes of hep-

atic disease, the excessive and habitual use of spirituous liquors. Here, according to Broussais, the cause acts by producing inflammation of the inner coat of the stomach and duodenum, which inflammation is propagated along the inner membrane of the biliary duct to the liver. Now, is it not more reasonable to suppose that the liver, in this case, becomes irritated and inflamed by the spirituous particles being absorbed by the veins, and directly applied to the hepatic structure? The doctrine of venous absorption is now pretty generally allowed, and we do know that the presence of alcoholic liquor has been detected, after death from inebriation, in the ventricles of the brain.

Although mention is made in one of the propositions, of certain external modifying powers which diminish the vital actions in the organ to which they are applied; still it is evident, that such agents in the author's opinion are extremely rare, and do not constitute a part of the therapeutical means employed in the physiological medicine. The means used to produce sedative or debilitant effects are blood-letting, abstinence, emollients, and the application of cold: All positive agents are considered to possess stimulant properties variously modified. These stimulant agents are thought to act on the system in the removal of disease in different ways: Some by their direct diffusible stimulant powers; others indirectly, by producing revulsion or counter-irritation; others, as tonics; and others again, which do not seem, however, to be recommended as therapeutical agents with that view, are said to stimulate the system in a manner that is repugnant to the exercise of the vital functions: these last are poisons. We are not prepared to adopt this very simple and general explanation of the mode of action of the numerous and diversified agents now in use in the treatment of disease. Perhaps it would be difficult, nay, impossible, to find in the whole *materia medica* two medicines whose effects

are similar in every respect; or any one which influences equally each organ and tissue of the system. What shall we say then, of a doctrine which disregards in a great measure, the individual and specific properties of medicines, and considers their general characteristic properties as alone exerting any important influence on the system? Surely there is a wide difference between the stimulation of calomel and that of squills, and there are other important effects produced by the operations of purgatives, diuretics, diaphoretics, &c. beside mere revulsion, which require to be taken into consideration in accounting for their efficacy in overcoming diseased action. An active purgative of calomel and jalap, for example, is preceded in its cathartic effect by signs of languor and debility, there is nausea and loathing, depression of pulse, paleness of the surface with chilly sensations, and other marks of vital depression; then follow copious evacuations of serous fluids, which in some instances produce so much exhaustion and debility as to call for the employment of some nutritious and stimulant substances, to revive the languid powers of the system. Here then we have in this example, first the directly depressing effects of the medicine, which as Broussais might say, stimulates the system in a way that is repugnant to the exercise of its healthy functions; secondly, the excitement of preternatural action, and the accumulation of the circulatory fluids in the organ operated upon; and finally, the depletory effects of the evacuations. Thus, if we run through the long list of remedies which Broussais would consider as revulsives, we shall find that they all produce other important effects beside mere revulsion, which moreover is quite insufficient to account for their efficiency in many instances. The author's ideas on the character of tonic remedies do not seem to differ materially from those of other physicians, excepting, that he employs them with much more reserve, and places his chief dependance in cases call-



ing for their use, on nutritious diet. The explanation given of the deleterious operation of poisons, is a partial admission of the Italian doctrine of contra-stimulation, although no application is made of the principle in the treatment of diseases, or in accounting for the efficacy of remedial agents. If these substances produce such effects in excessive quantities, it is fair to presume that in appropriate doses they would exhibit the same effects in a lesser degree; and it is certain they constitute some of our most efficient remedies: whether they are such from their contra-stimulant properties, we are not prepared to say. Finally, it may be inferred from what we have said on this head, that the therapeutics of the physiological medicine has not been cultivated with as much care as the other parts of the doctrine; unless indeed we are prepared to reject, without further investigation, the greater part of the articles of the *materia medica* now in use, and restrict ourselves to the employment of the very few that have the confidence of our author, and to which he resorts on all occasions.

We have extended these remarks beyond our prescribed limits, and we are now constrained to close them. This we do with the more cheerfulness, as it has been rather an unpleasant task to seek out imperfections in a doctrine, which from our first acquaintance we have highly valued. But it is not to be expected, in applying these doctrines to the numerous derangements to which the human frame is incident, that a full and regular system of detailed pathology would at once spring up, which should be equally proved in all its parts and sound in all its views. Much must necessarily be left to be perfected by maturer reflection; and not a little to be added by the more extended experience of succeeding investigators. It is enough to satisfy the soaring ambition of one man, to have traced a new pathway in medical science which will hereafter never be deserted; and

to have established some great principles which are destined to change the face of medicine, and give the science a stability and truth which preceding investigators have sought for in vain.

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I. *Transactions of the Phrenological Society, instituted in February, 1820.* 8vo. pp. 448. Edinburgh, 1824.

II. *Phrenological Journal, December, 1823.* 8vo. pp. 184.

WITHIN a few years, a new science, to which has been given the appropriate name of Phrenology, has become the subject of much study and research, and promises fair to engross as large a share of attention as falls to the lot of any other branch of human knowledge. For a long time this science, known under the term Craniology, was considered as the mere quackery of a bewildered imagination, seasoned with just so much judgment as was necessary to enable its professors to turn it to their own private account; and as it cut deeply, if allowed to cut at all into the received metaphysics of the day, it was deemed unworthy the serious attention of philosophers; and the defence of old opinions was trusted to the negative battery which wit, ridicule, and satire, could effectually oppose for the annoyance of all such as were willing to be seduced by the wily speculations of the philosophers who originated and maintained such outrageous doctrines. But, "*tempora mutantur,*" the opinions which were in the estimate of the wise, too silly to challenge their attention, are now doctrines ascendant, and those who have heretofore thought them beneath their notice, are now obliged in defence of their own characters, and in accordance with public opinion, to treat them with as much attention as

those which appertain to any other inductive science. Phrenology has now taken a respectable rank, and can number among its votaries men of the first order of intellect in Germany, France, England, Scotland, and America ; and so seductive is the study, that indolence itself can be induced to read, and even *ennui* can be amused by the facts and fascinating anecdotes in which it abounds, which are also the testimonies upon which the doctrines are founded. It is now twenty-three years since they were first taught in Vienna and Paris, by Drs. Spurzheim and Gall, and for a large part of that time, they were necessarily confined to themselves and their immediate disciples, for none others troubled themselves about them, any further than as they might serve as subjects upon which to exercise their talents for raillery or ridicule ; and it was not until these distinguished propagators of the new faith appeared in propria persona in England, and there lectured to wondering crowds, that their opinions could procure for them any tolerable degree of respect : then it was that the knowledge of the doctrines were disseminated with an almost electric impetus, and all classes of the community, impelled by curiosity, or a desire of amusement, made themselves acquainted with the principles and facts on which they rested. A society, having for its sole object the cultivation and improvement of the science, was founded in Edinburgh in 1820, in consequence of the able manner in which Mr. Combe had stated and defended the doctrines, in a work published a few months previous ;—that society at first consisting of only six members, now numbers ninety fellows, of whom sixty are resident, and is well furnished with all the apparatus necessary for an intelligent prosecution of the study. They have already published a volume of *Transactions* of 450 pages, and from the zeal and ability with which the work is conducted, the public have a right to indulge in large anticipations for the future.

Since the publication of Mr. Combe's book, we have had



*The illustrations of Phrenology*, by M'Kenzie ; its *application to medicine*, by Abernethy ; and a detailed exposition of it as calculated to improve education, by Dr. Spurzheim himself ; all of them works as replete with rational interest and amusement as the nature of the respective inquiries could demand or admit : and more lately still, *Observations on Phrenology*, a book of considerable merit, by an anonymous writer, which has been very favourably reviewed by foreign journalists ; and last of all, the two works which stand as the title to this article, both very able advocates for the doctrines which they were intended to defend and promulgate.

It is now no part of our intention to offer a detailed analysis of the above works, for in this we have been anticipated, by the accomplished editor of the *Medico-Chirurgical Review of London*, who has given an admirable syllabus of their contents, accompanied with some just critical remarks, in the sixteenth number of that interesting work ; but merely to call the attention of our readers to these subjects, in order to bespeak for them a favourable reception. It appears to be a duty we owe to our patrons, to keep them, particularly those at a distance, informed of all matters which interest them as physicians ; and phrenology is one which bids fair at no distant day, to exert a very powerful agency in modifying the received opinions on mania idiocy and insanity ; for it must be confessed, that the progress already made has opened facilities for forming correct diagnoses in these diseases, which without the assistance of its principles, never could have been attained. Besides, the attention devoted to this study, in this country, as evinced by the formation of a society in Philadelphia, with the same views as that of the one in Edinburgh, and the late appointment as we are informed of a lecturer on this subject, by a literary institution recently instituted in our own city, will render almost indispensable, at least some elementary knowledge of this science.

The *Transactions* is a work calculated to challenge the admiration, and keep alive the interest of every reader, who, for the first time, directs his views to the examination of this branch of human knowledge—the principles assumed, the facts from which they have been inferred, and the illustrations adduced as testimony to the truth of the doctrine, all combine to instruct and amuse, while they cannot fail to surprise him: he is astonished at the ingenuity which could invent the theory, while his very scepticism is obliged to do homage to the facts which are pressed into its service; the justness of this remark derives additional weight from the circumstance, that some of those who sought the destruction of what they were pleased to term a pseudo-science, are now found among its most zealous advocates.

The book consists of thirteen essays, the first of which is a *Dissertation on the progress and application of Phrenology*, by Mr. George Combe, who is already well known as the author of *Phrenological Essays*; in which he has given a history of the manner in which Drs. Gall and Spurzheim proceeded in their discoveries, by noticing the coincidence of particular talents of individuals, with the extraordinary conformations of the head, and thus step by step, as the field of observation was enlarged, adding to the number of facts accompanied by these correspondent marks, till their number, and the constancy of their analogies or relations, enabled them to form them into a system of inductive science.

The second is entitled *Outlines of Phrenology*, and contains the elementary information necessary to comprehend fully the doctrines which the book inculcates.

The third is a view of some of Dr. Spurzheim's lectures as delivered in Edinburgh, in the winter of 1816, by Dr. Poole, vice-president of the society; in which is drawn a very flattering picture of Dr. Spurzheim, as a public lecturer: he is represented as having his audience much oftener in debt

to him, for the very satisfactory manner in which he treated his subject, than he to them for the exercise of their patience ; as exercising a spirit of liberality and candour in the discussion of his subjects, which extorted their admiration and forestalled their favourable attention ; and as evincing such a thorough acquaintance with the science, and such a deep conviction of its truth, as to render unnecessary all the artificial aids of memory to which public lecturers usually resort. The object of the study, and some of the fundamental principles on which the system rests, are then stated and defended considerably in detail.

The fourth paper is, *On the Functions of Combativeness, Destructiveness, and Secretiveness*, with illustrations from the characters of individuals, by Mr. Scott. This is an ingenious attempt to illustrate the doctrines of phrenology, by reference to peculiar propensities considered in relation to peculiar conformations of the brain ; they are severally divided with neatness and precision, and their effects beautifully represented, as countervailed by those of an opposite character, "else, as in the days before the flood, the earth would be filled with violence."

Next in order, is an *Essay on the effects of injuries of the brain upon the manifestations of the mind*, by Mr. Andrew Combe. This, in an able refutation of all the accounts current, respecting extensive lesions of the brain, being unaccompanied by any impaired condition of intellect, except in cases where the partial injury involved only one set of organs ; and as phrenologists arrange all those organs in pairs, the objections to the doctrine derived from this source are fully answered, unless it can be proved that the lesion involved the destruction of both sets : the paper is ably written, and shows the author to be a master in the science which he advocates.

The seventh paper is entitled *Remarks on the Cerebral*



*development of king Robert Bruce, accompanied with his character, as it is drawn in history.*—As the account is solely intended to illustrate the doctrine by a reference to the conformation of the head of this distinguished individual, we will copy out its characteristics, in order that those who have not an opportunity to consult the work may amuse themselves, and exercise their ingenuity in tracing out the analogies by the information derived from history.

1. Amativeness, full.—2. Philoprogenitiveness, large.—3. Concentrativeness, rather full.—4. A. hesiveness, large.—5. Combaticiveness, large.—6. Destructiveness, large.—7. Constructiveness, rather small.—8. Acquisitiveness, moderate.—9. Secretiveness, very large.—10. Self-esteem, rather large.—11. Love of approbation, large.—12. Cautiousness, large.—13. Benevolence, rather small.—14. Veneration, large.—15. Hope, large.—16. Identity, moderate.—17. Conscientiousness, small.—18. Firmness, very large.—19. Individuality lower, large.—Individuality upper, full.—20. Form, large.—21. Size, large.—22. Weight, uncertain.—23. Colouring, moderate.—24. Order, moderate.—25. Time, moderate.—26. Number, uncertain.—27. Tune, moderate.—28. Language, uncertain.—29. Comparison, moderate.—30. Casualty, moderate.—31. Wit, rather small.—32. Imitation, moderate.—33. Wonder, moderate.

It can scarcely be expected, that any novice in the science will be enabled to trace the necessary connexion between the conduct and physical conformation of Robert Bruce with the minuteness of Mr. Scott, neither is it essential that he should; if only the leading features of his character correspond with the marks which nature impressed upon the man, phrenology cannot but receive information from the coincidences, and it will be precisely in proportion to the extent to which the comparison can be followed out. Mr. Scott has drawn his character, and shown that it was in perfect conformity to his phrenological development.

Next follow several papers illustrative of the doctrine; comprising a history of individuals notorious for peculiar propensities, which have been confirmed by observations made upon the living and the dead subject; and an essay on the application of the science in furnishing a key by which to attain a knowledge of the natural instincts and dispositions of the lower animals: and last of all, we have two very interesting tracts; the one a criticism, on Dr. Barclay's objections to Phrenology, and the other, on the Phrenological development of the Hindoos; the first, by Mr. George Combe; the last, by Dr. M. Patterson. Mr. Combe's paper contains matter of more than ordinary interest, to all unprejudiced inquirers after truth in relation to this branch of study; as it is an able, and we think a successful, effort to answer the objections which have been made against phrenology, not only by Dr. Barclay, but by many others of less note; for common sense itself being judge, it must be conceded on all hands, that it has been attacked by the whole artillery which ill-digested facts, ridicule, sarcasm, and raillery, from their exhaustless stores could bring against it. The remarks of Mr. George Combe, though coming from a gentleman who may be presumed to be one of its most accomplished and devoted supporters, are nevertheless well tempered and philosophical, and calculated, even if they should fail of their effect in convincing, conclusively to show that the author is not only satisfied of the truth of the doctrines which he advocates, but that he is willing to meet every objection which might be offered, by calm, dispassionate, and rational argument.

Dr. Patterson's phrenological disquisition on the character of the Hindoos, has for its foundation, the actual observation of 3000 heads submitted to his examination in the bazars of Calcutta, and other places habitually frequented by natives from all the provinces of India. It enters considerably in detail, both in relation to character and development, and shows

with surprising accuracy, the coincidences which a priori might have been expected to have place ; from the whole of which it results, that independent of all other causes which might be considered adventitious, there is a physical explanation of the fact, that a handful of Europeans are enabled to hold in subjection an empire of such vast population.

The Phrenological journal is a periodical publication, established with the express intention of maintaining, publishing, and defending the above doctrines, and is well calculated from its nature to answer this purpose, since its editors and contributors are not restricted to the employment of the means which facts and arguments alone may furnish ; but are privileged, as occasion may require, to arm themselves with the same weapons for their defence which their adversaries have made such liberal use of for their annoyance ; a conduct which, though it may not consist with the dignity of a society engaged in the search of truth, is perfectly admissible in a journal, where all tastes require to be consulted, and where amusement as well as instruction are the ends of publication. It is not our purpose to dissect this work, or to give an opinion of the merits of the respective papers contained in it ; but if we are permitted to form a judgment from this specimen, we should say, that Phrenology has little to fear from the attacks of its enemies, so long as a work of this character is enlisted in its defence.



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## COLLECTANEA CLINICA.

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*Case of Lepra Nigricans.* By RENSSELAER GANSEVOORT, M. D.

IN the spring of 1821, a number of English emigrants arrived in the northern section of the state of New-York. A member of one of these families which located at Albany, became soon after her arrival the subject of a disease, of occurrence so rare, character and aspect so malignant, as, for a time, rendered its true nature, and the means adopted for its removal, alike equivocal and abortive.

In recounting the history of this case, I shall briefly state the manner of its appearance, its development, termination, and the means employed for its removal. The patient was a female, aged 29 years, of a full, sanguine temperament, her general aspect gave decided proof that she was the victim alike of disease and intemperance. The whole surface of the body was covered with red shining elevations of the skin; on the top of these elevations were soon formed brown scales, which as they formed became flattened, while their bases enlarged; these scales were gradually covered by successive laminæ, which continued to increase until they assumed the size and extent of a crown piece; this appearance was at first confined to the extremities, in a short time it extended to the body, which became similarly affected. In this stage of the disease the patient applied for medical aid; the person to whom she applied conceiving it as a case of scurvy, prescribed the means usually pursued for the removal of that disease. She was proscribed the use of animal food, and spirituous liquors, and confined exclusively to a vegetable diet; this treatment was persevered in three weeks, but the disease grew worse.

The physician under whose charge she next came, pronounced the disease to be syphilitic, and prescribed mercury in the form of sub. mur. hydr. He commenced giving it in large quantities; and continued it in alterative doses for twenty days: from the powerful impression produced by this medicine, both physician and patient were flattered with a speedy termination of her sufferings. The impression, though powerful, was transient in its effects; the only permanent advantage resulting from the medicine thus administered, was the removal of an obstinate congestion of the liver. From this injudicious use of mercury, the patient's general health became so much impaired, that the disease returned with redoubled violence. At this time, the body, neck, face, and extremities, presented one continued surface of excoriation; the surfaces, as they increased in extent, assumed daily a more foetid and virulent aspect, their covering, when removed, exhibited a base of a dark livid appearance, from which was discharged a brown sanious matter. Such was the appearance of the disease on the 25th of June, when the patient became the subject of my prescription, nearly two months after its commencement. Such extensive ulcerations existed at this time, that the patient was scarcely able to bear the irritation of a single garment, in short, she exhibited a loathsome mass of putrefaction. Having witnessed some cases of extensive syphilitic ulceration, I was at first inclined to believe this disease of a similar character, but learning the history of its commencement and progress, I was soon convinced of the fallacy of the opinion; the ulcers had not commenced as syphilitic ulcers usually do, nor did they exhibit at any time the same uneven excavated sloughing base. Other facts existed which tended fully to disprove the identity of the two diseases; the patient had not, during the progress of the disease, or prior to its commencement, had any of the local or constitutional symptoms which invariably attend syphilis. In confirmation of this fact, she had, about the time the disease made its ap-

pearance, been delivered of a living healthy child, which would undoubtedly have been locally or constitutionally affected, had the mother's system been tainted with the syphilitic poison. This child, though suckled for a time, had not given the least evidence of disease. On examining the plates of Willan, I there found the disease under which my patient laboured, so correctly delineated, as enabled me to decide on its true character. It was evidently that species of lepra, denominated by that author *Lepra Nigricans*; so great a similarity existed between the two, that upon showing the plate to the patient, she immediately recognised it as the same disease under which she laboured. Anxious to gain all information I could in relation to the nature of the case, I consulted the late Doctor James Low, of Albany; he visited the patient on the third day after she came under my charge. The knowledge this gentleman possessed of lepra, from having seen it in all its forms in different European hospitals, rendered him familiar with its appearance; he pronounced it a well marked case of lepra, and of that species denominated *nigricans*. Fully satisfied as to the nature of the disease, I directed a liberal nutritious diet, and a decoction of Peruvian bark, and sarsaparilla; to increase the action of the sarsaparilla on the skin, I added a small quantity of tart. antimony; of this decoction she drank a pint daily: I also directed a mild solution of muriate mercury as a lotion. This prescription was continued for fourteen days, at the expiration of which time her general health was materially improved, and the disease assumed a milder complexion; the dark livid hue which characterised the ulcers gradually disappeared, and a more healthy discharge succeeded the fœtid sanious one which previously existed. Observing in a few days that the lotion began to lose its efficacy, I discontinued it, and directed the yellow wash, which was employed with decided advantage during the continuance of the disease: the amendment of the patient was



doubtless the consequence of the vigour and tone imparted to the system by the use of tonic medicines; but, as a radical cure could not be expected from its continuance, I was induced to put her under a mercurial course. Beside the specific action which mercury is allowed to have upon this disease, the patient laboured under other symptoms which fully warranted its adoption. Her lower extremities had, from the commencement of the disease, been œdematous; this was daily and rapidly increasing. For its removal, and that of the primary disease, I directed the following formula :

R. Cicutæ ex. 1 gr.  
Merc. sub. mur. 1 gr.  
Digitalc pur. fs. gr.  
Ipecacuanha fs. gr.

to be given in a pill three times a-day.

This prescription, in conjunction with the decoction of sarsaparilla and bark, and the mercurial lotion, was employed for twenty-one days, at the expiration of that time, the patient was fully recovered from anasarca and lepra; the effect produced by the latter prescription, was apparent in a few days after its adoption.

The corroding sanious discharge which exuded from those patches that had assumed an ulcerative action gradually ceased, and with it disappeared the dark livid hue which characterised them; the scales also began to drop off, leaving the surface corrugated and tender. The violence of the disease being now subdued, the pills were discontinued, and the decoction of sarsaparilla, combined with antimony, and occasional warm bathing, employed for obviating the slight tendency which existed to the reproduction of scales. The use of these means restored the patient in the course of a short time to perfect health.

*Remarks.*—The case before us seems to have originated either in England, whence the patient came, or on board ship on the passage.

The history given of the disease by the patient was so indistinct, as to render it doubtful whether it might not have originated in this country. She was of a class of people who are subject to poor diet, want of cleanliness, and other deprivations, as well as to habitual intoxication. And though Herberden considers it of great rarity in England, and Cullen says that he never had seen it, yet Bateman affirms it to be a disease of common occurrence in London: though not frequent in our country, it is yet sometimes to be met with.

That the disease should be mistaken for scurvy is not a little remarkable, since the distinguishing points are so distinct, the appearance of the spots so different from scurvy, the absence of swelled gums, the spots not becoming fœtid ulcers, and the system remaining undebilitated by the disease, might have offered sufficient discriminating marks to form a diagnosis. The effect of the treatment however soon made this apparent, and the ulcerative action which took place may rather be considered as the consequence of the treatment, than as a character of lepra, since we do not find that this is a necessary, or even common symptom of this form of the disease: the low vegetable diet, acting on a subject long accustomed to the stimulus of ardent spirits, probably induced an affection of the constitution much sooner than would otherwise have happened, since we know that lepra græcorum may exist for years without injury to the general health.

## INTELLIGENCE.



### *Bulletin Universale des Sciences et de l'Industrie.*

THIS work, of which we have received the prospectus and the two first numbers, relating to medicine, is calculated and intended to embrace the whole range of arts and sciences, and to keep the world informed upon every subject connected therewith, and equally interests the mathematician and physician, the chymist and the geologist, the naturalist and the historian, the agriculturalist, manufacturer, and artist, the philosopher, and the soldier; for the whole extent of that knowledge usually termed physical, is made to contribute its discoveries and its improvements, in order to their diffusion throughout the civilized world. When first informed of the project, we listened to it with a great deal of distrust, and doubted the possibility of carrying it into successful execution; but, we have the pleasure to inform our readers that it has been commenced, and is now in successful operation.

The entire work consists of eight sections, viz.—Sect. 1, Mathematical, Physical, and Chemical sciences.—No. 2, Natural History and Geology.—No. 3, Medicine, and its auxiliary branches.—No. 4, Husbandry, Horticulture, and OEconomics.—No. 5, Technology, or the application of the sciences to the perfection of the mechanic arts.—No. 6,



Geography, Political Economy, and Voyages and Travels.—No. 7, History, Antiquities, and Philology.—No. 8, Military and Naval science in all their sub-divisions. Each section forms a work of itself, which appears in numbers from three to six each year, the whole forming seventeen vols. 8vo. The third section offers three volumes each year: the whole work dates from January 1st, 1824. This great concern, which really marks an era in the diffusion of scientific information, is all under the direction of M. Le Baron Ferussac, assisted by Cuvier, Percy, Lacépède, Orfila, Thénard, Brechet, and nearly three hundred other veterans of the *corps scientifique*, the whole forming the most imposing catalogue of living literary characters, which we have ever seen. From the specimens which have already reached this country, we have a right to argue favourably of its reception with the public: in the language of the prospectus, it will serve as a telegraph to convey the earliest information of every discovery and improvement in any art or science to all parts of the world where the French language is spoken or understood; and for this purpose, the editor solicits exchange with all journals of merit, upon the most equitable terms. The prices of the different sections vary from 15 to 29 francs per year, free of all charges of postage in France.

We hope that the work will meet with all the support which it merits, in which case its projectors will have no reason to be dissatisfied. The section on medicine, we will take leave to recommend to every physician or surgeon in this country, who would keep himself well informed of the improvements of his profession: he may depend upon receiving it with more punctuality by the packets, which keep up a constant intercourse with Havre, than he would a package which required to be mailed 300 miles in the United States.

S. P. Authenac, D. M. has published in Paris a work entitled, a Defence of the French physicians against the doctrines of Broussais, in the form of letters addressed to him ; together with a complete treatise on the practice of physic, in accordance with the generally received doctrines in France : it is published in numbers, the first of which contains the letters, the second, a nosography, and the third is occupied chiefly by a treatise on inflammation of the mucous membranes, and some letters, which last, together with those which precede them, are entirely devoted to medical polemics : they are entitled, *Theory of inflammation : Thoughts of an old physician of Perche : Pathological nomenclature of the new doctrine : Principal definitions of M. Broussais : Causes of diseases, or Pathogeny of the new doctrine : and the theory of M. Broussais on inflammations of the skin.*

The editors of the Bulletin des sciences Medicales, speaking of this work, thus express themselves : It is to be regretted that the author, who appears to have carefully studied the doctrines of M. Broussais, and who often opposes to the propositions of the professor of Val-de-Grace very strong reasoning, should abuse the characters of his medical brethren, by charging them with meanness, inconsistency, error, craftiness, immoral conduct, falsehood, and crime, &c. &c.

All the letters of M. Authenac merit attention, as the author is now playing a most distinguished part in that great contest in which all French physicians are parties ; but enthusiasm, exaggeration, and intemperate discussion, must cease to be necessary for the attack or defence of the physiological medicine, before its just value can be appreciated.

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#### *Arrest of Salivation.*

Surgeon Sommé, of Antwerp, asserts, that mercurial salivation may be speedily arrested by the use of a gargle, composed of one ounce of the superacetate of lead in two pounds

of water. This gargle will blacken the teeth, but it is said quickly to heal those ulcerations of the mouth which prove rebellious to other means. In the ulcers of the tonsils and palate, which occasionally follow mercurial courses, Mr. Sommé touches the parts with a hair pencil charged with the pure liquid of the acetate of lead.

[*Archives Generales de Medicine.*

#### *Roman Cement.*

According to an analysis lately made by M. Berthier, the component parts of Roman Cement are,

Carbonate of Lime, - - -	675
Carbonate of Magnesia, - -	005
Carbonate of Iron, - - -	070
Carbonate of Manganese, - -	019
Clay Silica, - - - - -	180
Clay Alumina, - - - - -	066
Water, - - - - -	015

1000

M. Berthier is of opinion, that with one part of common clay and two parts and a half of chalk, a very good hydraulic lime may be made, which will set as speedily as this cement. He concludes, from many experiments, that a limestone containing six per cent. of clay, affords a mortar perceptibly hydraulic. Lime containing 15 to 20 per cent. is very hydraulic; and when from 25 to 30, it sets almost instantly, and may therefore be held to be, to all intents and purposes, real Roman Cement.

[*U. S. Literary Gazette.*

#### *New Amputating Knife, invented by DR. WEINHOLD.*

M. Weinhold, thinking that a knife capable of dividing both the soft and hard parts, would render the amputation of



limbs more prompt and facile than any of those now in use, has devised one, which he has used very successfully in the case of an operation on a child ten years old. The instrument is an ordinary catlin or inter-ossial knife, with this difference only, that one of its cutting edges presents the teeth of a saw in the upper half or next the handle—its length of blade is eleven inches, by one in breadth, and the handle about four and a half inches. [Bull. des sciences Med.

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At a sitting of the Academy of Medicine at Paris, held January 15th, 1824, M. Jules Cloquet presented the academy an instrument of his invention, which he calls *le Syphon aspireur*, which operates on the principle of suction, which may be graduated at will, in all cases where it is necessary to evacuate liquid matters contained in cavities. M. Cloquet thinks his instrument is peculiarly useful in diseases of the urinary passages. He shows first, that it is well calculated to prevent urinary infiltrations in the cellular texture of the parts, in the high operation for stone, and that by its means, we may be enabled to dispense with the operation in perineo entirely, as this accident has been heretofore the greatest objection to it, and has operated to give the preference to the methods now in use : secondly, that it may be employed after puncture of the bladder, with a view to avoid infiltration ; and that in fistulas, urethral, recto-vesical or vesico-vaginal, it is useful in preventing the urine from passing by the accidental openings, and facilitating their obliteration : thirdly, that it may be used to evacuate purulent matter deposited in any part of the body, particularly in the chest, and thereby prevent the mischievous effects which result from its stagnation and re-absorption ; and that it is especially serviceable in cases of poisoning, in order to draw off with expedition the fluid thrown into the stomach, as occasion requires, in order to dilute the noxious material. M. Cloquet presented the

academy with one which had been made frequent use of in the hospital of St. Louis, for nearly three years.

This is, no doubt, an instrument very similar to that which Mr. Jukes claims the invention of in England, and of which we have lately heard so much in the London journals.

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Dr. J. B. Beck, of this city, has revised, corrected, and edited, with notes and additions, Murray's *Materia Medica*. We have not had leisure to examine the book particularly, but from the manner in which it is executed, and our personal knowledge of the editor, who is not particularly partial to the multiplication of new remedies, but thinks that this branch of our profession needs retrenchment; we feel fully warranted to recommend it. This edition possesses a decided advantage over the preceding ones, inasmuch as the histories of the most important remedies are accompanied by lists of incompatible substances, for which the editor has acknowledged his obligations to Dr. Paris, by adding his name to the notes of this character.

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*A new medical work* entitled, the *Monthly Chronicle of Medicine and Surgery*, has lately appeared in this city, conducted by an association of physicians, whose names, if we are to judge from the prospectus, the public are not to know, as the chief reason for its publication is there stated to be, the necessity of avowing authorship whenever a person writes for either of the medical journals now published in this city. From this circumstance, we were disposed to think, that the editors would take greater license in their remarks, than the medical public would be willing cheerfully to accord; but we are happy to find, that in this respect we have been disappointed, as there is nothing in the book which requires that the work should be anonymous: the curiosity of the public to know its editors, has of course considerably subsided.

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## OBITUARY.

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*Died, April 2d, 1824, William Moore, M. D. in the 71st year of his age.*

IN the death of this worthy man, society has to deplore the loss of a good citizen, the profession one of its most distinguished ornaments, and a large family circle, a father, friend, and benefactor. He was born at Newtown, on Long-Island, January 17th, 1754, of very respectable parentage : his father, Mr. Samuel, and his grandfather, Mr. Benjamin Moore, were the cultivators of the farm, on which both he and his brother, the late Bishop Moore, drew their first breath, and where the only surviving brother now resides. The grandfather of the above Benjamin, was among the early emigrants to this country, from Kent, in England, when the now beautiful village of Newtown, situated only nine miles from New-York, was a perfect wilderness, and traps for beasts of prey were set in the kitchen garden, and the sheep-pen made a part of the farm-house enclosure. The subject of this short biographical notice received the rudiments of a classical education under the tuition of his elder brother, afterwards Bishop of the Protestant Episcopal Church in this State, and President of Columbia College : after pursuing medical studies in his native place for some time, he attended the lectures then delivered in King's (now Columbia) College, in the winter of 1775—6, by Drs. Clossy, and S. Bard, both eminent in their profession, and the latter, afterwards the President of the College of Physicians and Surgeons in this State. In 1777, he



received the appointment of Mate in a military hospital in this city, and in 1778, he went to London, and thence to Edinburgh, where he attended the different courses of medical instruction two years: at this time, Monro, Black, Gregory, Cullen, and Home, were professors in that celebrated school. In 1780, he was graduated a Doctor of Medicine, on which occasion, he published and publicly defended a dissertation "De Bile," and in the autumn of the same year, returned home and commenced the practice of his profession in his native place, being nearly 27 years of age, the whole of which time, except childhood, may be truly said to have been devoted to study. He did not long remain at Newtown, but having married in the following year, he removed in 1783 to this city, where he continued the practice of an arduous profession more than forty years, with a self-devotedness, a zeal, and success, which have rendered his death a public bereavement. Although he is "gathered to his fathers," after having filled up the measure of his days, his decease seems premature, because he is taken away in the midst of his usefulness, and it will be long before the void which his death has caused will be filled by just such a man. Few persons have passed through life and enjoyed a larger share of moral and professional reputation, and fewer still who have taken less pains to create or maintain them: he seemed to be alike unconscious of his intellectual acquirement, and his moral excellence; the knowledge of one was repressed by the moderate estimate which he had formed of himself, and the other was the spontaneous result of a naturally benevolent temper, always acting under the influence of recognized *Christian* obligation; and when such men do wrong, "verily their advocate is in heaven!" Though fully educated and thoroughly furnished for any of those exigencies with which the practice of the profession abounds, he felt the awful responsibilities of a physician to such extent as always to respect the opinions

of others, and though willing to believe himself right, he was pleased to be proved to be wrong, whenever a successful result was the evidence ; for the improvement of the practice of physic was a paramount object of his desires, and no man so largely engaged in the duties of an extensive practice was more anxious to keep himself informed of new facts, and the various fluctuations of modern medical opinions on all interesting subjects. Some idea of the estimate which the public formed of his worth, may be gathered from the fact, that he has been frequently called to occupy responsible offices, from which he has as often retired, but was never removed. He was, as far back as the year 1787, associated with a number of physicians for the purpose of giving clinical instruction in the alms-house, to the medical students of this city : and Dr. David Hosack, now the Professor of the Practice of Physic in this College, then very young, officiated as his clerk, to record the cases and prepare his prescriptions, which at that time were all delivered in the Latin tongue, after the manner of the Infirmary of Edinburgh. He was successively Trustee of Columbia College, President of the Medical Society of this city, and Trustee of the College of Physicians and Surgeons in the University of this state. In all the relations in which he stood to society, (and we are sure we do not speak the language of panegyric,) his character was a model for the imitation of all those who have yet to lay the foundations either of a medical or moral reputation : intelligent, amiable, and ingenuous, he endeared himself alike to the learned and the ignorant ; cheerful, humane, and conscientious, he could sympathize with the sick, while he would leave nothing undone for their amendment ; and, modest, benevolent, and charitable, he believed no ill of his neighbour, without the most unequivocal evidence, and then always with regret. Our sincere wish is, that those of us who *knew* his worth, would strive to emulate his virtues.

# INDEX

TO

## THE TWENTY-THIRD VOLUME,

OR THE

### EIGHTH OF THE NEW SERIES.

A.	Page.	E.	Page.
Acupuncturation in Tetanic Trismus,	334	Double Uterus and Vagina, case of	120
Amaurosis, remedy for,	347	Eberle's Therapeutics, review of,	48 & 172
Andrews, Dr. Remarks on Sanguinaria Canadensis,	239	Elements of Medical jurisprudence, review of,	321
Arrest of Salivation,	456	Emlin, Dr. his letter on Varioloids,	335
Auscultation Kergaradec on, Review of,	205	Essays on Fever, by Drs. Miner & Tully, review of,	268
Astopic examination of persons dead by Yellow Fever,	210	—— on Midwifery, review of	362
Atmospheric constitution of New-York, in the summer 1823,	234	Epilepsy, cases of,	105 & 109
B.		Examen Broussais', review of,	268
Baxter's case of Hemiplegia,	107	Extract of a report on Yellow Fever at New-Orleans,	226
Beck's Medical Jurisprudence, review of,	321	F.	
Bilious calculus, case of extraction of,	211	Ferussac Baron, his Universal journal,	454
Blatchly's curious cases of Epilepsy, &c.	105 & 106	Fever, Yellow, Dr. Randolph's remarks on,	165
—— Remarks on Varioloids,	335	—— cases, Autopsic examination,	210
C.		—— at New-Orleans,	226
Carbonate of Iron, a remedy in Neuralgia,	334	—— at Barcelona, 1821,	113
Case of Epilepsy,	105	Fever, Typhus, essays on, review of	268
—— do.	106	G.	
—— Hemiplegia,	107	Gansevoort, Dr. his case of Lepra Nigricans,	449
—— Double Uterus and Vagina,	120	Gheel, colony of maniacs at, account of,	231
—— Extraction of biliary calculus,	211	Grape leaves, a remedy for Hemorrhage,	230
—— Porrigo Lupinosa,	208	H.	
—— Superfetation,	118	Hemiplegia, Dr. Baxter's case of,	107
Cases of Rheumatism successfully treated by large doses of tartarized antimony,	325	—— Dr. Blatchly's case of,	106
Cement Roman, analysis of,	457	Histoire des Phlegmasies, on inflammations croniques,	80 & 268
D.		Hobhouse Dr his case of scald head	208
Danger of interments in large cities,	121	I.	
Doctrine Tommasini's, of stimulus and contra stimulus,	19	Infirmity for the treatment of diseases of the lungs,	223
Deweese's Essays on Midwifery, review of,	362	Italian doctrine, notes explanatory of,	120
Diabetes Mellitus, remedies for,	115 & 346	K.	
Dilatation of the female uretera,	114	Kergaradec, Dr. his paper on Auscultation, review of,	205
Diseases in the city of New-York, in the summer of 1823,	234	King, Dr. F. G. his paper on Navi Materni,	351



- L.
- Leeches, information concerning, 347  
 Lepra Nigricans, a case of, 449  
 Lovell, Dr. his Meteorological tables, 126  
 Lyceum of natural history of New-York, 238
- M.
- Magistel on sub-lingual pustules in Hydrophobia, 343  
 Medical Jurisprudence, review of, 321  
 Medical Society of the State of New-York, 122  
 Memoir on Auscultation, review of, 205  
 Mercury and Antimony, combination of, to render the first more efficient, 347  
 Moore, Dr. William, obituary notice of, 460  
 Motions of the Eye, curious inquiries concerning, 119
- N.
- New remedy for Hemorrhage, 230  
 Nævi Materni, Dr. King's remarks on, 351  
 Neuralgia cured by the Carbonate of Iron, 334  
 Norton, Dr. his case of Superfætation, 110
- O.
- Out-door Lying-in charity, account of, in New-York, 224  
 Observations on the Medical topography of part of Virginia, 258
- P.
- Pascalis, Dr. his strictures on Syphilis, 247
- Pascalis, Dr. his plan of a universal college, 223  
 Pitts, Dr. Geo. R. strictures on Dr. Somervail, 253  
 Prolapsus recti, cure for, 229
- R.
- Remarks on Yellow Fever, at N. Orleans, 165  
 ——— on Nævi Materni, 351  
 ——— on the use of Sanguinaria Canadensis in Croup, 239  
 Rheumatic Metastasis, case of, 117  
 ——— cases, cured by large doses of Tartar Emetic, 325
- S.
- Strictures on Syphilis, by Dr. Pascalis, 247
- T.
- Taliacotian Operation, 345  
 Tar, a remedy in Salivation, &c. 346  
 Tommasini's doctrines, Exposition of, 19 & 129
- U.
- Universal College, plan of a, 223  
 ——— Journal, established in France, 454
- V.
- Valentin, Dr. his notice of Jenner, 218  
 Varioloids, Blatchly's remarks on, 338  
 ——— Emlen's letter on, 335
- W.
- Weinhold's new Amputation knife and saw, 457
- X.
- Xanthoopia of Jaundiced persons, 119

END OF VOLUME VIII.

